



### Alabama

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Alabama. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 4,822,023

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$2,192,024	2.3%
Chronic Disease Prevention and Health Promotion	\$9,741,416	10.4%
Cross-Cutting Public Health	\$130,064	0.1%
Environmental Health	\$215,945	0.2%
Infectious Diseases	\$14,098,601	15.1%
Injury Prevention and Control	\$534,004	0.6%
Occupational Safety and Health	\$1,334,758	1.4%
Prevention and Public Health Fund/Other ACA Funds	\$1,849,398	2.0%
Preventive Health and Health Services Block Grant	\$1,192,738	1.3%
Public Health Preparedness and Emergency Response	\$9,459,860	10.1%
Vaccines For Children	\$52,765,413	56.4%
Grand Total	\$93,514,221	100.0%

## CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Birth Defects and Developmental Disabilities	\$2,192,024
Child Health and Development	\$674,995
Health and Development with Disabilities	\$1,517,029
Chronic Disease Prevention and Health Promotion	\$9,741,416
Cancer Prevention and Control	\$5,466,022
Diabetes	\$291,564
Glaucoma	\$1,197,064
Heart Disease and Stroke	\$351,722
Prevention Research Centers	\$591,534
Safe Motherhood/Infant Health	\$516,593
Tobacco	\$1,326,917
Cross-Cutting Public Health	\$130,064
Behavioral Risk Factor Surveillance System	\$130,064
Behavioral Risk Factor Surveillance System	\$130,

Page 1 Alabama





\$9,011,117

\$52,765,413

\$52,765,413

\$93,514,221

**OBLIGATED AMOUNT** 

#### **CATEGORY & SUB-CATEGORY**

Preparedness (PHEP)

Vaccines For Children

Vaccines For Children

**Grand Total** 

#### **Environmental Health** \$215,945 Asthma \$215,945 **Infectious Diseases** \$14,098,601 All Other Emerging and Zoonotic Infectious Diseases \$54,354 **Emerging Infectious Diseases** \$51,663 Food Safety \$149,655 HIV/AIDS, Research and Domestic \$5,812,382 Immunization Programs \$3,609,086 \$320,802 Influenza Sexually Transmitted Diseases \$2,752,324 **Tuberculosis** \$1,055,066 Vector-borne Disease \$47,127 Viral Hepatitis \$246,142 **Injury Prevention and Control** \$534,004 Intentional Injury \$534,004 **Occupational Safety and Health** \$1,334,758 Occupational Safety and Health \$1,334,758 Prevention and Public Health Fund/Other ACA Funds \$1,849,398 Breast and Cervical Cancer Program \$212,174 Epidemiology and Laboratory Capacity Program \$591,417 Healthcare Associated Infections \$69,151 Healthcare Surveillance \$51,000 Immunization Programs \$99,902 Public Health Infrastructure \$300,000 Tobacco \$418,754 Viral Hepatitis \$107,000 **Preventive Health and Health Services Block Grant** \$1,192,738 Public Health Service Block Grants \$1,192,738 **Public Health Preparedness and Emergency Response** \$9,459,860 **BioSense** \$170,997 Centers for Public Health Preparedness \$277,746

Page 2 Alabama

Hospital Preparedness Program (HPP) and Public Health Emergency





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or

Page 3 Alabama

FY2012



merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 4 Alabama





### Alaska

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Alaska. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 731,449

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$260,250	0.7%
Birth Defects and Developmental Disabilities	\$1,031,933	2.7%
Chronic Disease Prevention and Health Promotion	\$12,838,325	33.1%
Cross-Cutting Public Health	\$250,000	0.6%
Infectious Diseases	\$3,700,871	9.5%
Injury Prevention and Control	\$613,402	1.6%
Occupational Safety and Health	\$73,147	0.2%
Prevention and Public Health Fund/Other ACA Funds	\$4,157,356	10.7%
Preventive Health and Health Services Block Grant	\$257,635	0.7%
Public Health Preparedness and Emergency Response	\$4,393,150	11.3%
Vaccines For Children	\$11,243,865	29.0%
Grand Total	\$38,819,934	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$260,250
Agency for Toxic Substances and Disease Registry	\$260,250
Birth Defects and Developmental Disabilities	\$1,031,933
Child Health and Development	\$575,000
Health and Development with Disabilities	\$456,933
Chronic Disease Prevention and Health Promotion	\$12,838,325
Cancer Prevention and Control	\$9,464,500
Diabetes	\$507,781
Heart Disease and Stroke	\$492,130
Nutrition, Physical Activity and Obesity	\$300,000
Oral Health	\$375,000
Page 5	Alaska





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Safe Motherhood/Infant Health	\$145,319
Tobacco	\$1,553,595
Cross-Cutting Public Health	\$250,000
Behavioral Risk Factor Surveillance System	\$250,000
Infectious Diseases	\$3,700,871
Emerging Infectious Diseases	\$79,621
Food Safety	\$67,773
HIV/AIDS, Research and Domestic	\$1,589,049
Immunization Programs	\$543,738
Influenza	\$259,712
Sexually Transmitted Diseases	\$386,801
Tuberculosis	\$394,244
Viral Hepatitis	\$379,933
Injury Prevention and Control	\$613,402
Intentional Injury	\$387,651
National Violent Death Reporting System	\$155,761
Unintentional Injury	\$69,990
Occupational Safety and Health	\$73,147
Occupational Safety and Health	\$73,147
Prevention and Public Health Fund/Other ACA Funds	\$4,157,356
Breast and Cervical Cancer Program	\$144,866
Community Transformation Grants	\$692,928
Epidemiology and Laboratory Capacity Program	\$866,191
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$84,075
Immunization Programs	\$1,764,296
Public Health Infrastructure	\$500,000
Preventive Health and Health Services Block Grant	\$257,635
Public Health Service Block Grants	\$257,635
Public Health Preparedness and Emergency Response	\$4,393,150
BioSense	\$195,179
Hospital Preparedness Program (HPP) and Public Health Emergency	¢4 407 074
Preparedness (PHEP)  Vaccines For Children	\$4,197,971 <b>\$14,242,965</b>
Vaccines For Children	\$11,243,865 \$11,243,865
	\$11,243,865 \$38,810,034
Grand Total	\$38,819,934

Page 6 Alaska





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 7 Alaska





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 8 Alaska





### **Arizona**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Arizona. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,553,255

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$223,040	0.2%
Birth Defects and Developmental Disabilities	\$1,723,933	1.4%
Chronic Disease Prevention and Health Promotion	\$7,970,459	6.5%
Cross-Cutting Public Health	\$250,000	0.2%
Environmental Health	\$143,949	0.1%
Infectious Diseases	\$16,331,684	13.4%
Injury Prevention and Control	\$895,474	0.7%
Occupational Safety and Health	\$1,598,855	1.3%
Prevention and Public Health Fund/Other ACA Funds	\$4,546,139	3.7%
Preventive Health and Health Services Block Grant	\$930,839	0.8%
Public Health and Social Services Emergency Fund	\$25,000	0.0%
Public Health Preparedness and Emergency Response	\$12,157,881	10.0%
Vaccines For Children	\$75,265,393	61.7%
Grand Total	\$122,062,646	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT Agency for Toxic Substances and Disease Registry** \$223,040 Agency for Toxic Substances and Disease Registry \$223,040 **Birth Defects and Developmental Disabilities** \$1,723,933 Child Health and Development \$1,000,000 Health and Development with Disabilities \$723,933 **Chronic Disease Prevention and Health Promotion** \$7,970,459 Cancer Prevention and Control \$5,541,528 **Diabetes** \$219,069 \$400,000 **Epilepsy** Heart Disease and Stroke \$175,213

Page 9 Arizona





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Safe Motherhood/Infant Health	\$56,000
School Health	\$305,728
Tobacco	\$1,272,921
Cross-Cutting Public Health	\$250,000
Behavioral Risk Factor Surveillance System	\$250,000
Environmental Health	\$143,949
Asthma	\$24,252
Environmental Health Activities	\$119,697
Infectious Diseases	\$16,331,684
Emerging Infectious Diseases	\$234,123
Food Safety	\$150,198
HIV/AIDS, Research and Domestic	\$7,068,423
Immunization Programs	\$5,125,512
Influenza	\$404,890
National Health Safety Network	\$75,000
Quarantine	\$138,088
Sexually Transmitted Diseases	\$1,342,228
Tuberculosis	\$1,328,351
Vector-borne Disease	\$375,000
Viral Hepatitis	\$89,871
Injury Prevention and Control	\$895,474
Intentional Injury	\$658,082
Unintentional Injury	\$237,392
Occupational Safety and Health	\$1,598,855
Occupational Safety and Health	\$1,598,855
Prevention and Public Health Fund/Other ACA Funds	\$4,546,139
Breast and Cervical Cancer Program	\$267,114
Community Transformation Grants	\$200,000
Epidemiology and Laboratory Capacity Program	\$664,065
Healthcare Associated Infections	\$184,278
Healthcare Surveillance	\$12,390
Immunization Programs	\$759,165
Prevention Research Centers	\$615,000
Public Health Infrastructure	\$1,102,048
Tobacco	\$337,152
Viral Hepatitis	\$404,927
Preventive Health and Health Services Block Grant	\$930,839
Public Health Service Block Grants	\$930,839
Public Health and Social Services Emergency Fund	\$25,000
Public Health and Social Services Emergency Fund	\$25,000
Public Health Preparedness and Emergency Response	\$12,157,881

Page 10 Arizona



**CATEGORY & SUB-CATEGORY** 



**OBLIGATED AMOUNT** 

BioSense	\$173,148
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$277,746
Preparedness (PHEP)	\$11,706,987
Vaccines For Children	\$75,265,393
Vaccines For Children	\$75,265,393
Grand Total	\$122,062,646

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct
  assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds

Therefore, this data does not reflect CDC's total appropriations in any given area.

Page 11 Arizona





#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 12 Arizona





### **Arkansas**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Arkansas. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,949,131

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$226,787	0.3%
Birth Defects and Developmental Disabilities	\$1,795,918	2.8%
Chronic Disease Prevention and Health Promotion	\$7,915,362	12.1%
Environmental Health	\$90,000	0.1%
Infectious Diseases	\$7,232,456	11.1%
Injury Prevention and Control	\$321,020	0.5%
Prevention and Public Health Fund/Other ACA Funds	\$1,609,163	2.5%
Preventive Health and Health Services Block Grant	\$673,866	1.0%
Public Health Preparedness and Emergency Response	\$6,740,140	10.3%
Vaccines For Children	\$38,639,138	59.2%
Grand Total	\$65,243,850	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$226,787
Agency for Toxic Substances and Disease Registry	\$226,787
Birth Defects and Developmental Disabilities	\$1,795,918
Child Health and Development	\$1,323,626
Health and Development with Disabilities	\$472,292
Chronic Disease Prevention and Health Promotion	\$7,915,362
Cancer Prevention and Control	\$3,716,884
Diabetes	\$502,224
Heart Disease and Stroke	\$1,311,708
Nutrition, Physical Activity and Obesity	\$515,885
Oral Health	\$327,024
Safe Motherhood/Infant Health	\$120,542
School Health	\$315,009
Tobacco	\$1,106,086

Page 13 Arkansas





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Environmental Health	\$90,000
Asthma	\$90,000
Infectious Diseases	\$7,232,456
Emerging Infectious Diseases	\$100,587
Food Safety	\$133,388
HIV/AIDS, Research and Domestic	\$2,511,664
Immunization Programs	\$2,674,275
Influenza	\$249,979
Sexually Transmitted Diseases	\$918,450
Tuberculosis	\$527,893
Vector-borne Disease	\$75,001
Viral Hepatitis	\$41,219
Injury Prevention and Control	\$321,020
Intentional Injury	\$321,020
Prevention and Public Health Fund/Other ACA Funds	\$1,609,163
Breast and Cervical Cancer Program	\$177,786
Epidemiology and Laboratory Capacity Program	\$433,061
Healthcare Associated Infections	\$94,774
Healthcare Surveillance	\$899
Immunization Programs	\$38,203
Prevention Research Centers	\$300,000
Public Health Infrastructure	\$300,000
Tobacco	\$264,440
Preventive Health and Health Services Block Grant	\$673,866
Public Health Service Block Grants	\$673,866
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	<b>\$6,740,140</b> \$6,740,140
Vaccines For Children	\$38,639,138
Vaccines For Children	\$38,639,138
Grand Total	\$65,243,850
Orana rotar	Ψ00,Σ-70,000

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.

Page 14 Arkansas





- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.

Page 15 Arkansas





- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 16 Arkansas





### California

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in California. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 38,041,430

**Timeframe:** 10/1/1 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$655,364	0.1%
Birth Defects and Developmental Disabilities	\$3,144,586	0.5%
Chronic Disease Prevention and Health Promotion	\$26,479,403	3.9%
Cross-Cutting Public Health	\$1,696,585	0.2%
Environmental Health	\$4,325,785	0.6%
Infectious Diseases	\$132,434,890	19.3%
Injury Prevention and Control	\$7,515,074	1.1%
Occupational Safety and Health	\$2,963,105	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$73,726,133	10.8%
Preventive Health and Health Services Block Grant	\$5,307,140	0.8%
Public Health and Social Services Emergency Fund	\$18,295	0.0%
Public Health Preparedness and Emergency Response	\$63,715,237	9.3%
Vaccines For Children	\$362,487,279	53.0%
Grand Total	\$684,468,876	100.0%

## CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Agency for Toxic Substances and Disease Registry	\$655,364
Agency for Toxic Substances and Disease Registry	\$655,364
Birth Defects and Developmental Disabilities	\$3,144,586
Child Health and Development	\$2,188,000
Health and Development with Disabilities	\$358,586
Public Health Approach to Blood Disorders	\$598,000
Chronic Disease Prevention and Health Promotion	\$26,479,403
Alzheimer's Disease	\$1,500
Arthritis	\$460,000
Cancer Prevention and Control	\$13,941,648
Chronic Kidney Disease	\$400,000

Page 17 California





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Community Health Promotion	\$102,000
Diabetes	\$3,207,709
Heart Disease and Stroke	\$1,604,876
National Lupus Patient Registry	\$800,000
Nutrition, Physical Activity and Obesity	\$66,300
Prevention Research Centers	\$2,043,268
Racial and Ethnic Approach to Community Health (REACH)	\$272,208
Safe Motherhood/Infant Health	\$350,000
School Health	\$426,974
Tobacco	\$2,802,920
Cross-Cutting Public Health	\$1,696,585
All Other	\$499,389
Behavioral Risk Factor Surveillance System	\$38,796
Public Health Workforce and Career Development	\$870,000
Strengthen and Improve the Nation's Public Health Capacity Through	<b>\$200.400</b>
National Partnerships Environmental Health	\$288,400
	\$4,325,785
All Other	\$362,916
Asthma  Environmental Health Astivities	\$682,938 \$637,444
Environmental Health Activities	\$627,444 \$2,652,487
Environmental Health Laboratory  Infectious Diseases	\$2,652,487 <b>\$132,434,890</b>
All Other Emerging and Zoonotic Infectious Diseases  Emerging Infectious Diseases	\$376,265 \$1,707,608
Food Safety	\$643,551
HIV/AIDS, Research and Domestic	\$74,956,789
Immunization Programs	\$22,591,981
Influenza	\$1,932,915
National Health Safety Network	\$135,292
Prion Disease	\$57,265
Quarantine	\$350,236
Sexually Transmitted Diseases	\$12,263,660
Tuberculosis	\$15,435,963
Vector-borne Disease	\$1,142,878
Viral Hepatitis	\$840,487
Injury Prevention and Control	\$7,515,074
All Other	\$400,493
Intentional Injury	\$6,800,455
Unintentional Injury	\$314,126
Occupational Safety and Health	\$2,963,105
Occupational Safety and Health	\$2,963,105
Prevention and Public Health Fund/Other ACA Funds	\$73,726,133

Page 18 California





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Breast and Cervical Cancer Program	\$538,808
Childhood Obesity Demonstration Project	\$1,665,944
Community Transformation Grants	\$37,480,821
Comprehensive Chronic Disease Prevention	\$730,398
Environmental Public Health Tracking	\$1,099,998
Epidemiology and Laboratory Capacity Program	\$2,306,846
Healthcare Associated Infections	\$670,169
Healthcare Surveillance	\$160,140
Hospitals Promoting Breastfeeding	\$673,694
Immunization Programs	\$2,066,783
Public Health Infrastructure	\$2,237,240
Racial and Ethnic Approach to Community Health	\$19,688,449
Tobacco	\$2,771,803
Viral Hepatitis	\$1,635,040
Preventive Health and Health Services Block Grant	\$5,307,140
Public Health Service Block Grants	\$5,307,140
Public Health and Social Services Emergency Fund	\$18,295
Public Health and Social Services Emergency Fund	\$18,295
Public Health Preparedness and Emergency Response	\$63,715,237
BioSense	\$237,722
Centers for Public Health Preparedness	\$864,100
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$62,613,415
Vaccines For Children	\$362,487,279
Vaccines For Children	\$362,487,279
Grand Total	\$684,468,876

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the

Page 19 California





federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.

Page 20 California





• In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 21 California





### Colorado

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Colorado. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 5,187,582

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$281,013	0.3%
Birth Defects and Developmental Disabilities	\$3,392,442	3.4%
Chronic Disease Prevention and Health Promotion	\$12,177,425	12.3%
Cross-Cutting Public Health	\$634,026	0.6%
Environmental Health	\$375,000	0.4%
Infectious Diseases	\$18,527,908	18.7%
Injury Prevention and Control	\$2,611,900	2.6%
Occupational Safety and Health	\$2,030,306	2.0%
Prevention and Public Health Fund/Other ACA Funds	\$8,219,394	8.3%
Preventive Health and Health Services Block Grant	\$945,845	1.0%
Public Health and Social Services Emergency Fund	\$25,233	0.0%
Public Health Preparedness and Emergency Response	\$10,046,756	10.1%
Vaccines For Children	\$39,807,150	40.2%
Grand Total	\$99,074,398	100.0%

#### CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Agency for Toxic Substances and Disease Registry	\$281,013
Agency for Toxic Substances and Disease Registry	\$281,013
Birth Defects and Developmental Disabilities	\$3,392,442
Child Health and Development	\$2,255,274
Health and Development with Disabilities	\$719,671
Public Health Approach to Blood Disorders	\$417,497
Chronic Disease Prevention and Health Promotion	\$12,177,425
Alzheimer's Disease	\$1,500
Cancer Prevention and Control	\$6,914,110
Diabetes	\$1,250,322

Page 22 Colorado





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Heart Disease and Stroke	\$307,471
Nutrition, Physical Activity and Obesity	\$823,107
Oral Health	\$362,952
Prevention Research Centers	\$670,100
Racial and Ethnic Approach to Community Health (REACH)	\$2,912
Safe Motherhood/Infant Health	\$194,799
School Health	\$323,844
Tobacco	\$1,326,308
Cross-Cutting Public Health	\$634,026
Behavioral Risk Factor Surveillance System Strengthen and Improve the Nation's Public Health Capacity Through National Partnerships	\$294,026 \$340,000
Environmental Health	\$375,000
Environmental Health Activities	\$375,000
Infectious Diseases	\$18,527,908
All Other Emerging and Zoonotic Infectious Diseases	\$262,094
Emerging Infectious Diseases	\$901,727
Food Safety	\$434,802
HIV/AIDS, Research and Domestic	\$7,808,767
Immunization Programs	\$4,711,496
Influenza	\$427,236
National Health Safety Network	\$301,423
Prion Disease	\$55,832
Quarantine	\$100,000
Sexually Transmitted Diseases	\$2,170,373
Tuberculosis	\$502,783
Vector-borne Disease	\$350,000
Viral Hepatitis	\$501,375
Injury Prevention and Control	\$2,611,900
Intentional Injury	\$1,631,325
National Violent Death Reporting System	\$209,546
Unintentional Injury	\$771,029
Occupational Safety and Health	\$2,030,306
Occupational Safety and Health	\$2,030,306
Prevention and Public Health Fund/Other ACA Funds	\$8,219,394
Breast and Cervical Cancer Program	\$215,160
Community Transformation Grants	\$610,345
Environmental Public Health Tracking	\$656,802
Epidemiology and Laboratory Capacity Program	\$1,047,725
Healthcare Associated Infections	\$334,270
Healthcare Surveillance	\$140,475
Immunization Programs	\$1,419,356

Page 23 Colorado





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Public Health Infrastructure	\$400,000
Racial and Ethnic Approach to Community Health	\$2,998,634
Viral Hepatitis	\$396,627
Preventive Health and Health Services Block Grant	\$945,845
Public Health Service Block Grants	\$945,845
Public Health and Social Services Emergency Fund	\$25,233
Public Health and Social Services Emergency Fund	\$25,233
Public Health Preparedness and Emergency Response	\$10,046,756
BioSense	\$238,395
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$9,808,361
Vaccines For Children	\$39,807,150
Vaccines For Children	\$39,807,150
Grand Total	\$99,074,398

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development

Page 24 Colorado





Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### **For More Information**

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 25 Colorado





### Connecticut

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Connecticut. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 3,590,347

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$431,189	0.6%
Birth Defects and Developmental Disabilities	\$240,374	0.4%
Chronic Disease Prevention and Health Promotion	\$5,318,647	8.0%
Cross-Cutting Public Health	\$180,000	0.3%
Environmental Health	\$467,500	0.7%
Infectious Diseases	\$15,322,592	23.0%
Injury Prevention and Control	\$408,938	0.6%
Occupational Safety and Health	\$236,271	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$3,907,230	5.9%
Preventive Health and Health Services Block Grant	\$1,080,712	1.6%
Public Health and Social Services Emergency Fund	\$30,353	0.0%
Public Health Preparedness and Emergency Response	\$7,910,139	11.9%
Vaccines For Children	\$31,020,780	46.5%
World Trade Center Health Program	\$149,925	0.2%
Grand Total	\$66,704,650	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT Agency for Toxic Substances and Disease Registry** \$431,189 Agency for Toxic Substances and Disease Registry \$431,189 **Birth Defects and Developmental Disabilities** \$240,374 Health and Development with Disabilities \$240,374 **Chronic Disease Prevention and Health Promotion** \$5,318,647 Cancer Prevention and Control \$2,916,120 Diabetes \$230,167 \$392,313 Heart Disease and Stroke Oral Health \$234,172 Safe Motherhood/Infant Health \$176,777

Page 26 Connecticut





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
School Health	\$323,934
Tobacco	\$1,045,164
Cross-Cutting Public Health	\$180,000
Behavioral Risk Factor Surveillance System	\$180,000
Environmental Health	\$467,500
Asthma	\$397,500
Environmental Health Activities	\$70,000
Infectious Diseases	\$15,322,592
All Other Emerging and Zoonotic Infectious Diseases	\$313,609
Emerging Infectious Diseases	\$1,063,035
Food Safety	\$559,154
HIV/AIDS, Research and Domestic	\$7,187,528
Immunization Programs	\$2,798,472
Influenza	\$594,016
Lyme Disease	\$737,606
National Health Safety Network	\$177,550
Sexually Transmitted Diseases	\$805,679
Tuberculosis	\$439,895
Vector-borne Disease	\$100,000
Viral Hepatitis	\$546,048
Injury Prevention and Control	\$408,938
Intentional Injury	\$408,938
Occupational Safety and Health	\$236,271
Occupational Safety and Health	\$236,271
Prevention and Public Health Fund/Other ACA Funds	\$3,907,230
Breast and Cervical Cancer Program	\$83,285
Community Transformation Grants	\$493,891
Environmental Public Health Tracking	\$722,000
Epidemiology and Laboratory Capacity Program	\$809,209
Healthcare Associated Infections	\$395,494
Healthcare Surveillance	\$130,000
Immunization Programs	\$167,848
Prevention Research Centers	\$615,000
Public Health Infrastructure	\$300,000
Tobacco	\$190,503
Preventive Health and Health Services Block Grant	\$1,080,712
Public Health Service Block Grants	\$1,080,712
Public Health and Social Services Emergency Fund	\$30,353
Public Health and Social Services Emergency Fund	\$30,353
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$7,910,139
Preparedness (PHEP)	\$7,910,139

Page 27 Connecticut





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Vaccines For Children\$31,020,780Vaccines For Children\$31,020,780World Trade Center Health Program\$149,925World Trade Center\$149,925Grand Total\$66,704,650

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

 Funding Data - CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)

Page 28 Connecticut





- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 29 Connecticut





### **Delaware**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Delaware. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 917,092

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$482,289	1.6%
Chronic Disease Prevention and Health Promotion	\$3,656,789	12.1%
Infectious Diseases	\$4,173,794	13.8%
Injury Prevention and Control	\$306,504	1.0%
Prevention and Public Health Fund/Other ACA Funds	\$7,915,348	26.1%
Preventive Health and Health Services Block Grant	\$144,334	0.5%
Public Health and Social Services Emergency Fund	\$12,591	0.0%
Public Health Preparedness and Emergency Response	\$4,409,756	14.6%
Vaccines For Children	\$9,179,207	30.3%
Grand Total	\$30,280,612	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT Birth Defects and Developmental Disabilities** \$482,289 Health and Development with Disabilities \$482,289 **Chronic Disease Prevention and Health Promotion** \$3,656,789 Cancer Prevention and Control \$2,356,036 Diabetes \$548,251 Safe Motherhood/Infant Health \$120,542 Tobacco \$631,960 **Infectious Diseases** \$4,173,794 **Emerging Infectious Diseases** \$49,878 Food Safety \$43,236 HIV/AIDS, Research and Domestic \$2,104,401 Immunization Programs \$939,627 Influenza \$196,828 \$28,453 Lyme Disease Sexually Transmitted Diseases \$335,713

Page 30 Delaware





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tuberculosis	\$281,176
Vector-borne Disease	\$100,001
Viral Hepatitis	\$94,481
Injury Prevention and Control	\$306,504
Intentional Injury	\$306,504
Prevention and Public Health Fund/Other ACA Funds	\$7,915,348
Breast and Cervical Cancer Program	\$72,662
Community Transformation Grants	\$1,692,291
Epidemiology and Laboratory Capacity Program	\$343,338
Healthcare Associated Infections	\$82,955
Healthcare Surveillance	\$23,928
Immunization Programs	\$1,139,946
Let's Move	\$4,247,504
Public Health Infrastructure	\$250,000
Tobacco	\$62,724
Preventive Health and Health Services Block Grant	\$144,334
Public Health Service Block Grants	\$144,334
Public Health and Social Services Emergency Fund	\$12,591
Public Health and Social Services Emergency Fund	\$12,591
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$4,409,756
Preparedness (PHEP)	\$4,409,756
Vaccines For Children	\$9,179,207
Vaccines For Children	\$9,179,207
Grand Total	\$30,280,612

## About The Data Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

Page 31 Delaware





- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or

Page 32





sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 33 Delaware





### **District of Columbia**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in District of Columbia. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 632,323

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$2,197,510	2.4%
Birth Defects and Developmental Disabilities	\$6,504,838	7.1%
Chronic Disease Prevention and Health Promotion	\$12,164,348	13.3%
Cross-Cutting Public Health	\$3,727,027	4.1%
Environmental Health	\$1,157,197	1.3%
Infectious Diseases	\$31,571,578	34.6%
Injury Prevention and Control	\$1,540,969	1.7%
Occupational Safety and Health	\$153,635	0.2%
Prevention and Public Health Fund/Other ACA Funds	\$12,390,203	13.6%
Preventive Health and Health Services Block Grant	\$565,434	0.6%
Public Health and Social Services Emergency Fund	\$8,268	0.0%
Public Health Preparedness and Emergency Response	\$9,007,273	9.9%
Vaccines For Children	\$10,071,171	11.0%
World Trade Center Health Program	\$149,925	0.2%
Grand Total	\$91,209,376	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT** Agency for Toxic Substances and Disease Registry \$2,197,510 Agency for Toxic Substances and Disease Registry \$2,197,510 **Birth Defects and Developmental Disabilities** \$6,504,838 Child Health and Development \$900,426 Health and Development with Disabilities \$4,612,758 Public Health Approach to Blood Disorders \$991,654 **Chronic Disease Prevention and Health Promotion** \$12,164,348 All Other \$19,338 Alzheimer's Disease \$185,857 Cancer Prevention and Control \$3,277,493

Page 34 District of Columbia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Community Health Promotion	\$333,425
Diabetes	\$1,303,503
Epilepsy	\$75,000
Heart Disease and Stroke	\$294,736
Interstitial Cystitis	\$7,222
National Lupus Patient Registry	\$75,000
Nutrition, Physical Activity and Obesity	\$243,028
Oral Health	\$439,075
Prevention Research Centers	\$57,890
Racial and Ethnic Approach to Community Health (REACH)	\$1,240,679
Safe Motherhood/Infant Health	\$2,363,195
School Health	\$125,667
Tobacco	\$2,123,240
Cross-Cutting Public Health	\$3,727,027
Public Health Workforce and Career Development	\$1,705,943
Strengthen and Improve the Nation's Public Health Capacity Through	<b>***</b>
National Partnerships	\$2,021,084
Environmental Health	\$1,157,197
All Other	\$48,500
Asthma	\$605,931
Environmental Health Activities	\$502,766
Infectious Diseases	\$31,571,578
Emerging Infectious Diseases	\$1,373,860
Food Safety	\$85,408
HIV/AIDS, Research and Domestic	\$21,323,835
Immunization Programs	\$2,062,588
Influenza	\$2,315,128
Quarantine	\$147,500
Sexually Transmitted Diseases	\$3,308,847
Tuberculosis	\$529,243
Vector-borne Disease	\$179,100
Viral Hepatitis	\$246,069
Injury Prevention and Control	\$1,540,969
Intentional Injury	\$1,259,040
Unintentional Injury	\$281,929
Occupational Safety and Health	\$153,635
Occupational Safety and Health	\$153,635
Prevention and Public Health Fund/Other ACA Funds	\$12,390,203
Community Guide/Community Preventive Services Task Force	\$556,608
Community Transformation Grants	\$5,067,693
Diabetes	\$2,345,060
Environmental Public Health Tracking	\$150,000

Page 35 District of Columbia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Epidemiology and Laboratory Capacity Program	\$305,842
Healthcare Associated Infections	\$255,000
Healthcare Surveillance	\$130,000
Public Health Infrastructure	\$2,355,000
Public Health Workforce	\$975,000
Tobacco	\$50,000
Viral Hepatitis	\$200,000
Preventive Health and Health Services Block Grant	\$565,434
Public Health Service Block Grants	\$565,434
Public Health and Social Services Emergency Fund	\$8,268
Public Health and Social Services Emergency Fund	\$8,268
Public Health Preparedness and Emergency Response	\$9,007,273
All Other	\$652,000
BioSense	\$507,116
Hospital Preparedness Program (HPP) and Public Health Emergency	<b>#0.000.054</b>
Preparedness (PHEP)	\$6,330,251
Upgrading CDC Capacity	\$1,517,906
Vaccines For Children	\$10,071,171
Vaccines For Children	\$10,071,171
World Trade Center Health Program	\$149,925
World Trade Center	\$149,925
Grand Total	\$91,209,376

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

Page 36 District of Columbia





• The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

Page 37 District of Columbia





#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 38 District of Columbia





### **Florida**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Florida. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 19,317,568

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$443,878	0.1%
Birth Defects and Developmental Disabilities	\$706,597	0.2%
Chronic Disease Prevention and Health Promotion	\$12,189,565	3.9%
Cross-Cutting Public Health	\$129,000	0.0%
Environmental Health	\$736,308	0.2%
Infectious Diseases	\$62,165,379	19.8%
Injury Prevention and Control	\$2,902,068	0.9%
Occupational Safety and Health	\$1,505,151	0.5%
Prevention and Public Health Fund/Other ACA Funds	\$10,706,454	3.4%
Preventive Health and Health Services Block Grant	\$2,353,463	0.7%
Public Health and Social Services Emergency Fund	\$15,914	0.0%
Public Health Preparedness and Emergency Response	\$29,447,714	9.4%
Vaccines For Children	\$191,061,913	60.8%
Grand Total	\$314,363,404	100.0%

### CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Agency for Toxic Substances and Disease Registry	\$443,878
Agency for Toxic Substances and Disease Registry	\$443,878
Birth Defects and Developmental Disabilities	\$706,597
Child Health and Development	\$190,000
Health and Development with Disabilities	\$516,597
Chronic Disease Prevention and Health Promotion	\$12,189,565
Cancer Prevention and Control	\$8,142,081
Diabetes	\$694,394
Glaucoma	\$250,000
Heart Disease and Stroke	\$1,054,514
Prevention Research Centers	\$37,791
Safe Motherhood/Infant Health	\$120,542

Page 39 Florida





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tobacco	\$1,890,243
Cross-Cutting Public Health	\$129,000
Behavioral Risk Factor Surveillance System	\$129,000
Environmental Health	\$736,308
Asthma	\$346,901
Environmental Health Activities	\$389,407
Infectious Diseases	\$62,165,379
Emerging Infectious Diseases	\$380,187
Food Safety	\$43,769
HIV/AIDS, Research and Domestic	\$41,344,296
Immunization Programs	\$8,468,590
Influenza	\$771,582
Quarantine	\$26,750
Sexually Transmitted Diseases	\$3,369,704
Tuberculosis	\$7,394,202
Vector-borne Disease	\$275,000
Viral Hepatitis	\$91,299
Injury Prevention and Control	\$2,902,068
Intentional Injury	\$2,694,068
Unintentional Injury	\$208,000
Occupational Safety and Health	\$1,505,151
Occupational Safety and Health	\$1,505,151
Prevention and Public Health Fund/Other ACA Funds	\$10,706,454
Community Transformation Grants	\$4,899,531
Environmental Public Health Tracking	\$963,629
Epidemiology and Laboratory Capacity Program	\$1,060,938
Healthcare Associated Infections	\$350,207
Healthcare Surveillance	\$125,372
Immunization Programs	\$70,683
Prevention Research Centers	\$615,000
Public Health Infrastructure	\$1,093,662
Tobacco	\$1,327,432
Viral Hepatitis	\$200,000
Preventive Health and Health Services Block Grant	\$2,353,463
Public Health Service Block Grants	\$2,353,463
Public Health and Social Services Emergency Fund	\$15,914
Public Health and Social Services Emergency Fund	\$15,914
Public Health Preparedness and Emergency Response	\$29,447,714
BioSense	\$170,831
Centers for Public Health Preparedness	\$277,746
Hospital Preparedness Program (HPP) and Public Health Emergency	<del></del>
Preparedness (PHEP)	\$28,999,137

Page 40 Florida





#### **CATEGORY & SUB-CATEGORY**

#### **OBLIGATED AMOUNT**

Vaccines For Children\$191,061,913Vaccines For Children\$191,061,913Grand Total\$314,363,404

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct
  assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/

Page 41 Florida





For all other geographies - 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 42 Florida





## Georgia

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Georgia. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 9,919,945

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$485,661	0.2%
Birth Defects and Developmental Disabilities	\$930,909	0.4%
Chronic Disease Prevention and Health Promotion	\$21,637,892	10.2%
Cross-Cutting Public Health	\$3,380,931	1.6%
Environmental Health	\$767,176	0.4%
Infectious Diseases	\$39,200,280	18.4%
Injury Prevention and Control	\$3,308,098	1.6%
Occupational Safety and Health	\$152,611	0.1%
Prevention and Public Health Fund/Other ACA Funds	\$11,639,224	5.5%
Preventive Health and Health Services Block Grant	\$2,738,403	1.3%
Public Health and Social Services Emergency Fund	\$16,260	0.0%
Public Health Preparedness and Emergency Response	\$17,263,669	8.1%
Vaccines For Children	\$110,957,133	52.2%
Grand Total	\$212,478,247	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$485,661
Agency for Toxic Substances and Disease Registry	\$485,661
Birth Defects and Developmental Disabilities	\$930,909
Child Health and Development	\$4,252
Health and Development with Disabilities	\$676,657
Public Health Approach to Blood Disorders	\$250,000
Chronic Disease Prevention and Health Promotion	\$21,637,892
Alzheimer's Disease	\$274,000
Arthritis	\$1,483,985
Cancer Prevention and Control	\$9,237,132
Community Health Promotion	\$400,975

Page 43 Georgia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Diabetes	\$3,501,262
Epilepsy	\$250,000
Excessive Alcohol Use	\$235,000
Heart Disease and Stroke	\$1,939,551
Interstitial Cystitis	\$2,778
Nutrition, Physical Activity and Obesity	\$564,476
Oral Health	\$352,151
Prevention Research Centers	\$512,234
Racial and Ethnic Approach to Community Health (REACH)	\$532,000
Safe Motherhood/Infant Health	\$787,346
School Health	\$472,542
Tobacco	\$1,092,460
Cross-Cutting Public Health	\$3,380,931
All Other	\$383,753
Behavioral Risk Factor Surveillance System	\$177,250
Public Health Workforce and Career Development	\$900,716
Strengthen and Improve the Nation's Public Health Capacity Through	<b>#4.040.040</b>
National Partnerships	\$1,919,212
Environmental Health	\$767,176
All Other	\$32,000
Asthma	\$578,636
Environmental Health Activities	\$59,406 \$07,404
Environmental Health Laboratory	\$97,134
Infectious Diseases	\$39,200,280
All Other Emerging and Zoonotic Infectious Diseases	\$426,017
Emerging Infectious Diseases	\$1,179,543
Food Safety	\$709,543
HIV/AIDS, Research and Domestic	\$19,336,531
Immunization Programs	\$7,652,344
Influenza	\$1,668,494
National Health Safety Network	\$634,228
Quarantine	\$819,338
Sexually Transmitted Diseases	\$3,921,108
Tuberculosis	\$2,625,788
Vector-borne Disease	\$100,000
Viral Hepatitis	\$127,346
Injury Prevention and Control	\$3,308,098
Injury Control Research Centers	\$836,527
Intentional Injury	\$1,422,065
National Violent Death Reporting System	\$249,834
Unintentional Injury	\$799,672
Occupational Safety and Health	\$152,611

Page 44 Georgia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Occupational Safety and Health	\$152,611
Prevention and Public Health Fund/Other ACA Funds	\$11,639,224
Breast and Cervical Cancer Program	\$323,531
Community Transformation Grants	\$1,818,468
Diabetes	\$750,000
Environmental Public Health Tracking	\$105,591
Epidemiology and Laboratory Capacity Program	\$1,105,657
Healthcare Associated Infections	\$396,369
Healthcare Surveillance	\$111,238
Immunization Programs	\$1,742,604
Prevention Research Centers	\$765,000
Public Health Infrastructure	\$498,489
Public Health Workforce	\$3,181,557
Tobacco	\$664,179
Viral Hepatitis	\$176,541
Preventive Health and Health Services Block Grant	\$2,738,403
Public Health Service Block Grants	\$2,738,403
Public Health and Social Services Emergency Fund	\$16,260
Public Health and Social Services Emergency Fund	\$16,260
Public Health Preparedness and Emergency Response	\$17,263,669
BioSense	\$81,130
Centers for Public Health Preparedness	\$432,050
Hospital Preparedness Program (HPP) and Public Health Emergency	<b>#40.004.040</b>
Preparedness (PHEP)	\$16,221,619
Upgrading CDC Capacity	\$528,870
Vaccines For Children	\$110,957,133
Vaccines For Children	\$110,957,133
Grand Total	\$212,478,247

Page 45 Georgia





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 46 Georgia





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic iurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 47 Georgia





### Hawaii

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Hawaii. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,392,313

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$233,747	0.7%
Chronic Disease Prevention and Health Promotion	\$3,854,613	12.0%
Cross-Cutting Public Health	\$84,271	0.3%
Environmental Health	\$585,514	1.8%
Infectious Diseases	\$6,106,069	19.0%
Injury Prevention and Control	\$295,481	0.9%
Prevention and Public Health Fund/Other ACA Funds	\$1,822,801	5.7%
Preventive Health and Health Services Block Grant	\$578,664	1.8%
Public Health and Social Services Emergency Fund	\$25,495	0.1%
Public Health Preparedness and Emergency Response	\$4,918,135	15.3%
Vaccines For Children	\$13,716,822	42.6%
Grand Total	\$32,221,612	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$233,747
Health and Development with Disabilities	\$233,747
Chronic Disease Prevention and Health Promotion	\$3,854,613
Cancer Prevention and Control	\$1,989,755
Diabetes	\$281,699
Heart Disease and Stroke	\$260,346
Nutrition, Physical Activity and Obesity	\$341,359
Prevention Research Centers	\$50,000
Safe Motherhood/Infant Health	\$145,319
Tobacco	\$786,135
Cross-Cutting Public Health	\$84,271
Behavioral Risk Factor Surveillance System	\$84,271
Environmental Health	\$585,514

Page 48 Hawaii





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Asthma	\$411,000
Environmental Health Activities	\$174,514
Infectious Diseases	\$6,106,069
Emerging Infectious Diseases	\$93,364
Food Safety	\$125,204
HIV/AIDS, Research and Domestic	\$2,882,464
Immunization Programs	\$1,438,822
Influenza	\$366,593
Sexually Transmitted Diseases	\$349,095
Tuberculosis	\$740,188
Vector-borne Disease	\$20,820
Viral Hepatitis	\$89,519
Injury Prevention and Control	\$295,481
Intentional Injury	\$187,481
Unintentional Injury	\$108,000
Prevention and Public Health Fund/Other ACA Funds	\$1,822,801
Breast and Cervical Cancer Program	\$79,267
Epidemiology and Laboratory Capacity Program	\$348,854
Healthcare Associated Infections	\$87,970
Healthcare Surveillance	\$34,628
Immunization Programs	\$70,820
Public Health Infrastructure	\$1,201,262
Preventive Health and Health Services Block Grant	\$578,664
Public Health Service Block Grants	\$578,664
Public Health and Social Services Emergency Fund	\$25,495
Public Health and Social Services Emergency Fund	\$25,495
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$4,918,135
Preparedness (PHEP)	\$4,918,135
Vaccines For Children	\$13,716,822
Vaccines For Children	\$13,716,822
Grand Total	\$32,221,612

Page 49 Hawaii





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories

Page 50 Hawaii





apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 51 Hawaii





### Idaho

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Idaho. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,595,728

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$219,879	0.6%
Birth Defects and Developmental Disabilities	\$137,801	0.4%
Chronic Disease Prevention and Health Promotion	\$5,013,920	14.4%
Infectious Diseases	\$3,648,301	10.5%
Injury Prevention and Control	\$155,377	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$1,428,385	4.1%
Preventive Health and Health Services Block Grant	\$285,302	0.8%
Public Health and Social Services Emergency Fund	\$13,716	0.0%
Public Health Preparedness and Emergency Response	\$5,075,426	14.5%
Vaccines For Children	\$18,924,995	54.2%
Grand Total	\$34,903,102	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$219,879
Agency for Toxic Substances and Disease Registry	\$219,879
Birth Defects and Developmental Disabilities	\$137,801
Health and Development with Disabilities	\$137,801
Chronic Disease Prevention and Health Promotion	\$5,013,920
Cancer Prevention and Control	\$2,541,449
Diabetes	\$314,558
Heart Disease and Stroke	\$343,457
School Health	\$473,018
Tobacco	\$1,341,438
Infectious Diseases	\$3,648,301
Emerging Infectious Diseases	\$30,935
Food Safety	\$37,433
HIV/AIDS, Research and Domestic	\$1,154,485

Page 52 Idaho





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Immunization Programs	\$1,448,664
Influenza	\$185,114
Sexually Transmitted Diseases	\$394,371
Tuberculosis	\$177,962
Vector-borne Disease	\$200,001
Viral Hepatitis	\$19,336
Injury Prevention and Control	\$155,377
Intentional Injury	\$155,377
Prevention and Public Health Fund/Other ACA Funds	\$1,428,385
Breast and Cervical Cancer Program	\$110,058
Community Transformation Grants	\$415,987
Epidemiology and Laboratory Capacity Program	\$375,647
Healthcare Associated Infections	\$79,750
Healthcare Surveillance	\$15,372
Immunization Programs	\$38,101
Public Health Infrastructure	\$300,000
Tobacco	\$93,470
Preventive Health and Health Services Block Grant	\$285,302
Public Health Service Block Grants	\$285,302
Public Health and Social Services Emergency Fund	\$13,716
Public Health and Social Services Emergency Fund	\$13,716
Public Health Preparedness and Emergency Response	\$5,075,426
BioSense	\$122,151
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$4,953,275
Vaccines For Children	\$18,924,995
Vaccines For Children	\$18,924,995
Grand Total	\$34,903,102

Page 53 Idaho



#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 54 Idaho





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 55 Idaho





### Illinois

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Illinois. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 12,875,255

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$645,192	0.3%
Birth Defects and Developmental Disabilities	\$5,657,102	2.2%
Chronic Disease Prevention and Health Promotion	\$13,453,186	5.2%
Cross-Cutting Public Health	\$368,294	0.1%
Environmental Health	\$698,295	0.3%
Infectious Diseases	\$42,094,689	16.4%
Injury Prevention and Control	\$2,989,132	1.2%
Occupational Safety and Health	\$1,848,291	0.7%
Prevention and Public Health Fund/Other ACA Funds	\$26,027,372	10.1%
Preventive Health and Health Services Block Grant	\$1,815,543	0.7%
Public Health and Social Services Emergency Fund	\$40,158	0.0%
Public Health Preparedness and Emergency Response	\$27,765,615	10.8%
Vaccines For Children	\$133,749,909	52.0%
Grand Total	\$257,152,778	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$645,192
Agency for Toxic Substances and Disease Registry	\$645,192
Birth Defects and Developmental Disabilities	\$5,657,102
Child Health and Development	\$520,320
Health and Development with Disabilities	\$794,629
Public Health Approach to Blood Disorders	\$4,342,153
Chronic Disease Prevention and Health Promotion	\$13,453,186
Alzheimer's Disease	\$675,000
Cancer Prevention and Control	\$9,718,649
Diabetes	\$871,418
Heart Disease and Stroke	\$260,844
Racial and Ethnic Approach to Community Health (REACH)	\$150,000

Page 56 Illinois





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Safe Motherhood/Infant Health	
School Health	\$194,466 \$485,714
Tobacco	\$1,097,095
Cross-Cutting Public Health	\$368,294
Behavioral Risk Factor Surveillance System	\$368,294
Environmental Health	\$698,295
Asthma	\$448,296
Environmental Health Activities	\$249,999
Infectious Diseases	\$42,094,689
All Other Emerging and Zoonotic Infectious Diseases	\$74,449
Emerging Infectious Diseases	\$544,621
Food Safety	\$77,822
HIV/AIDS, Research and Domestic	\$23,465,181
Immunization Programs	\$9,189,309
Influenza	\$1,349,317
Quarantine	\$99,321
Sexually Transmitted Diseases	\$3,837,053
Tuberculosis	\$2,913,169
Vector-borne Disease	\$250,001
Viral Hepatitis	\$294,446
Injury Prevention and Control	\$2,989,132
Intentional Injury	\$2,914,132
Unintentional Injury	\$75,000
Occupational Safety and Health	\$1,848,291
Occupational Safety and Health	\$1,848,291
Prevention and Public Health Fund/Other ACA Funds	\$26,027,372
Breast and Cervical Cancer Program	\$463,283
Community Transformation Grants	\$12,883,947
Diabetes	\$2,525,000
Epidemiology and Laboratory Capacity Program	\$1,284,893
Healthcare Associated Infections	\$447,160
Healthcare Surveillance	\$100,589
Immunization Programs	\$2,367,634
Public Health Infrastructure	\$800,000
Racial and Ethnic Approach to Community Health	\$3,998,179
Tobacco	\$858,768
Viral Hepatitis	\$297,919
Preventive Health and Health Services Block Grant	\$1,815,543
Public Health Service Block Grants	\$1,815,543
Public Health and Social Services Emergency Fund	\$4 <b>0</b> ,158
Public Health and Social Services Emergency Fund	\$40,158
Public Health Preparedness and Emergency Response	\$27,765,615
BioSense	\$27,763,613
Centers for Public Health Preparedness	\$257,055 \$277,476
·	
Hospital Preparedness Program (HPP) and Public Health Emergency	\$27,156,086

Page 57 Illinois





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Preparedness (PHEP) Real-Time Lab Reporting Upgrading CDC Capacity **Vaccines For Children** 

\$6,000 \$133,749,909

Vaccines For Children

\$133,749,909

**Grand Total** 

\$257,152,778

\$69,000

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federallypurchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities

Therefore, this data does not reflect CDC's total appropriations in any given area.

Page 58 Illinois





#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 59





### Indiana

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Indiana. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,537,334

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$237,802	0.3%
Chronic Disease Prevention and Health Promotion	\$5,373,810	6.0%
Cross-Cutting Public Health	\$250,000	0.3%
Environmental Health	\$366,616	0.4%
Infectious Diseases	\$11,396,038	12.7%
Injury Prevention and Control	\$730,140	0.8%
Occupational Safety and Health	\$81,663	0.1%
Prevention and Public Health Fund/Other ACA Funds	\$5,815,669	6.5%
Preventive Health and Health Services Block Grant	\$1,179,398	1.3%
Public Health and Social Services Emergency Fund	\$16,090	0.0%
Public Health Preparedness and Emergency Response	\$11,789,922	13.1%
Vaccines For Children	\$52,429,296	58.5%
Grand Total	\$89,666,444	100.0%

#### **CATEGORY & SUB-CATEGORY**

#### **OBLIGATED AMOUNT**

Birth Defects and Developmental Disabilities	\$237,802
Health and Development with Disabilities	\$237,802
Chronic Disease Prevention and Health Promotion	\$5,373,810
Cancer Prevention and Control	\$3,004,959
Diabetes	\$352,194
Nutrition, Physical Activity and Obesity	\$592,377
Tobacco	\$1,424,280
Cross-Cutting Public Health	\$250,000
Behavioral Risk Factor Surveillance System	\$250,000
Environmental Health	\$366,616

Page 60 Indiana



**Grand Total** 



\$89,666,444

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT** Asthma \$366,616 \$11,396,038 **Infectious Diseases** \$25,423 **Emerging Infectious Diseases** Food Safety \$10,065 HIV/AIDS, Research and Domestic \$4,359,957 Immunization Programs \$3,915,587 Influenza \$364,581 Quarantine \$75,000 Sexually Transmitted Diseases \$1,742,859 \$683,131 Tuberculosis Vector-borne Disease \$150,000 Viral Hepatitis \$69,435 **Injury Prevention and Control** \$730,140 Intentional Injury \$730,140 **Occupational Safety and Health** \$81,663 Occupational Safety and Health \$81,663 Prevention and Public Health Fund/Other ACA Funds \$5,815,669 \$139,724 Breast and Cervical Cancer Program Community Transformation Grants \$3,021,957 **Epidemiology and Laboratory Capacity Program** \$894,535 Healthcare Associated Infections \$83,574 Healthcare Surveillance \$115,444 Hospitals Promoting Breastfeeding \$530,420 Immunization Programs \$88,175 Public Health Infrastructure \$400,000 Tobacco \$541,840 **Preventive Health and Health Services Block Grant** \$1,179,398 Public Health Service Block Grants \$1,179,398 **Public Health and Social Services Emergency Fund** \$16,090 Public Health and Social Services Emergency Fund \$16,090 \$11,789,922 **Public Health Preparedness and Emergency Response BioSense** \$148,032 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) \$11,641,890 **Vaccines For Children** \$52,429,296 Vaccines For Children \$52,429,296

Page 61 Indiana





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories

Page 62 Indiana





apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 63 Indiana





### lowa

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Iowa. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 3,074,186

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$2,435,190	3.8%
Chronic Disease Prevention and Health Promotion	\$7,631,027	12.0%
Cross-Cutting Public Health	\$185,000	0.3%
Environmental Health	\$206,407	0.3%
Infectious Diseases	\$6,311,436	10.0%
Injury Prevention and Control	\$1,187,910	1.9%
Occupational Safety and Health	\$2,611,234	4.1%
Prevention and Public Health Fund/Other ACA Funds	\$10,604,788	16.7%
Preventive Health and Health Services Block Grant	\$821,982	1.3%
Public Health and Social Services Emergency Fund	\$34,097	0.1%
Public Health Preparedness and Emergency Response	\$7,166,458	11.3%
Vaccines For Children	\$24,222,349	38.2%
Grand Total	\$63,417,878	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$2,435,190
Child Health and Development	\$1,120,000
Health and Development with Disabilities	\$1,315,190
Chronic Disease Prevention and Health Promotion	\$7,631,027
Cancer Prevention and Control	\$4,861,550
Diabetes	\$196,760
Heart Disease and Stroke	\$793,469
Nutrition, Physical Activity and Obesity	\$4,000
Prevention Research Centers	\$615,000
Safe Motherhood/Infant Health	\$190,046
Tobacco	\$970,202
Cross-Cutting Public Health	\$185.000

Page 64 lowa





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Behavioral Risk Factor Surveillance System	\$185,000
Environmental Health	\$206,407
All Other	\$56,345
Asthma	\$18,463
Environmental Health Activities	\$131,599
Infectious Diseases	\$6,311,436
Emerging Infectious Diseases	\$110,961
Food Safety	\$221,819
HIV/AIDS, Research and Domestic	\$2,176,652
Immunization Programs	\$2,295,738
Influenza	\$301,074
Sexually Transmitted Diseases	\$655,637
Tuberculosis	\$336,459
Vector-borne Disease	\$100,001
Viral Hepatitis	\$113,095
Injury Prevention and Control	\$1,187,910
Injury Control Research Centers	\$836,520
Intentional Injury	\$351,390
Occupational Safety and Health	\$2,611,234
Occupational Safety and Health	\$2,611,234
Prevention and Public Health Fund/Other ACA Funds	\$10,604,788
Breast and Cervical Cancer Program	\$184,117
Community Transformation Grants	\$2,985,356
Comprehensive Chronic Disease Prevention	\$868,922
Environmental Public Health Tracking	\$487,896
Epidemiology and Laboratory Capacity Program	\$1,556,277
Healthcare Associated Infections	\$275,587
Healthcare Surveillance	\$55,835
Immunization Programs	\$3,694,715
Public Health Infrastructure	\$300,000
Tobacco	\$196,083
Preventive Health and Health Services Block Grant	\$821,982
Public Health Service Block Grants	\$821,982
Public Health and Social Services Emergency Fund	\$34,097
Public Health and Social Services Emergency Fund	\$34,097
Public Health Preparedness and Emergency Response	\$7,166,458
Centers for Public Health Preparedness	\$277,746
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$6,888,712
Vaccines For Children	\$24,222,349
Vaccines For Children	\$24,222,349
Grand Total	\$63,417,878

Page 65 lowa





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct
  assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

 These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories

Page 66 lowa





apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 67 lowa





### **Kansas**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Kansas. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,885,905

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$93,750	0.2%
Chronic Disease Prevention and Health Promotion	\$7,165,624	13.9%
Cross-Cutting Public Health	\$310,000	0.6%
Environmental Health	\$35,957	0.1%
Infectious Diseases	\$6,342,145	12.3%
Injury Prevention and Control	\$858,325	1.7%
Prevention and Public Health Fund/Other ACA Funds	\$4,489,834	8.7%
Preventive Health and Health Services Block Grant	\$706,029	1.4%
Public Health and Social Services Emergency Fund	\$15,698	0.0%
Public Health Preparedness and Emergency Response	\$7,026,471	13.6%
Vaccines For Children	\$24,458,776	47.5%
Grand Total	\$51,502,609	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$93,750
Health and Development with Disabilities	\$93,750
Chronic Disease Prevention and Health Promotion	\$7,165,624
Arthritis	\$400,000
Cancer Prevention and Control	\$3,372,139
Diabetes	\$815,561
Heart Disease and Stroke	\$1,039,234
Nutrition, Physical Activity and Obesity	\$4,843
Oral Health	\$77,865
Safe Motherhood/Infant Health	\$120,596
Tobacco	\$1,335,386
Cross-Cutting Public Health	\$310,000
Behavioral Risk Factor Surveillance System	\$310,000

Page 68 Kansas





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Environmental Health	\$35,957
Asthma	\$35,957
Infectious Diseases	\$6,342,145
Emerging Infectious Diseases	\$21,663
Food Safety	\$120,971
HIV/AIDS, Research and Domestic	\$2,111,061
Immunization Programs	\$2,456,678
Influenza	\$221,684
Sexually Transmitted Diseases	\$838,492
Tuberculosis	\$402,824
Vector-borne Disease	\$100,000
Viral Hepatitis	\$68,772
Injury Prevention and Control	\$858,325
Intentional Injury	\$621,702
Unintentional Injury	\$236,623
Prevention and Public Health Fund/Other ACA Funds	\$4,489,834
Breast and Cervical Cancer Program	\$157,108
Community Transformation Grants	\$2,461,198
Environmental Public Health Tracking	\$561,053
Epidemiology and Laboratory Capacity Program	\$652,103
Healthcare Associated Infections	\$103,700
Healthcare Surveillance	\$21,754
Immunization Programs	\$43,514
Public Health Infrastructure	\$300,000
Tobacco	\$189,404
Preventive Health and Health Services Block Grant	\$706,029
Public Health Service Block Grants	\$706,029
Public Health and Social Services Emergency Fund	\$15,698
Public Health and Social Services Emergency Fund	\$15,698
Public Health Preparedness and Emergency Response	\$7,026,471
BioSense	\$155,200
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$6,871,271
Vaccines For Children	\$24,458,776
Vaccines For Children	\$24,458,776
Grand Total	\$51,502,609

Page 69 Kansas





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 70 Kansas





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic iurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 71 Kansas





## **Kentucky**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Kentucky. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 4,380,415

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$346,824	0.4%
Chronic Disease Prevention and Health Promotion	\$8,919,876	11.5%
Cross-Cutting Public Health	\$100,000	0.1%
Environmental Health	\$425,000	0.5%
Infectious Diseases	\$8,801,695	11.4%
Injury Prevention and Control	\$1,346,120	1.7%
Occupational Safety and Health	\$696,959	0.9%
Prevention and Public Health Fund/Other ACA Funds	\$3,625,811	4.7%
Preventive Health and Health Services Block Grant	\$1,009,785	1.3%
Public Health and Social Services Emergency Fund	\$8,690	0.0%
Public Health Preparedness and Emergency Response	\$8,880,214	11.5%
Vaccines For Children	\$43,118,264	55.8%
Grand Total	\$77,279,238	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$346,824
Child Health and Development	\$169,904
Health and Development with Disabilities	\$176,920
Chronic Disease Prevention and Health Promotion	\$8,919,876
Arthritis	\$443,342
Cancer Prevention and Control	\$4,769,214
Diabetes	\$1,180,253
Heart Disease and Stroke	\$380,000
Nutrition, Physical Activity and Obesity	\$46,930
Oral Health	\$12,820
Prevention Research Centers	\$610,500
Safe Motherhood/Infant Health	\$20,000
School Health	\$369,000

Page 72 Kentucky





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tobacco	\$1,087,817
Cross-Cutting Public Health	\$100,000
Behavioral Risk Factor Surveillance System	\$100,000
Environmental Health	\$425,000
Asthma	\$355,000
Environmental Health Activities	\$70,000
Infectious Diseases	\$8,801,695
Emerging Infectious Diseases	\$258,441
Food Safety	\$62,837
HIV/AIDS, Research and Domestic	\$2,120,626
Immunization Programs	\$3,396,565
Influenza	\$1,108,952
Quarantine	\$100,000
Sexually Transmitted Diseases	\$916,370
Tuberculosis	\$692,606
Vector-borne Disease	\$50,000
Viral Hepatitis	\$95,298
Injury Prevention and Control	\$1,346,120
Intentional Injury	\$927,332
National Violent Death Reporting System	\$212,974
Unintentional Injury	\$205,814
Occupational Safety and Health	\$696,959
Occupational Safety and Health	\$696,959
Prevention and Public Health Fund/Other ACA Funds	\$3,625,811
Breast and Cervical Cancer Program	\$209,948
Community Transformation Grants	\$903,624
Epidemiology and Laboratory Capacity Program	\$395,230
Healthcare Associated Infections	\$341,141
Healthcare Surveillance	\$123,307
Immunization Programs	\$921,385
Public Health Infrastructure	\$300,000
Tobacco	\$431,176
Preventive Health and Health Services Block Grant	\$1,009,785
Public Health Service Block Grants	\$1,009,785
Public Health and Social Services Emergency Fund	\$8,690
Public Health and Social Services Emergency Fund	\$8,690
Public Health Preparedness and Emergency Response	\$8,880,214
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$8,580,214
Upgrading CDC Capacity	\$300,000
Vaccines For Children	\$43,118,264
Vaccines For Children	\$43,118,264
V ACCINES TO CHIMICH	φ43,110,204

Page 73 Kentucky





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Grand Total \$77,279,238

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

Page 74 Kentucky





- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 75 Kentucky





### Louisiana

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Louisiana. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 4,601,893

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$268,100	0.3%
Birth Defects and Developmental Disabilities	\$410,403	0.4%
Chronic Disease Prevention and Health Promotion	\$7,631,960	7.4%
Cross-Cutting Public Health	\$1,801,146	1.7%
Environmental Health	\$630,000	0.6%
Infectious Diseases	\$17,993,463	17.4%
Injury Prevention and Control	\$661,398	0.6%
Occupational Safety and Health	\$57,956	0.1%
Prevention and Public Health Fund/Other ACA Funds	\$4,867,697	4.7%
Preventive Health and Health Services Block Grant	\$2,140,320	2.1%
Public Health and Social Services Emergency Fund	\$22,541	0.0%
Public Health Preparedness and Emergency Response	\$9,394,886	9.1%
Vaccines For Children	\$57,261,717	55.5%
Grand Total	\$103,141,587	100.0%

CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Agency for Toxic Substances and Disease Registry	\$268,100
Agency for Toxic Substances and Disease Registry	\$268,100
Birth Defects and Developmental Disabilities Birth Defects, Developmental Disabilities, Disability and Health PHS	\$410,403
Evaluation Set-Aside	\$59,331
Child Health and Development	\$175,000
Health and Development with Disabilities	\$176,072
Chronic Disease Prevention and Health Promotion	\$7,631,960
All Other	\$141,149
Cancer Prevention and Control	\$3,623,551
Diabetes	\$202,000

Page 76 Louisiana





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Epilepsy	\$50,000
Heart Disease and Stroke	\$304,736
Nutrition, Physical Activity and Obesity	\$391,196
Oral Health	\$274,856
Prevention Research Centers	\$609,394
Racial and Ethnic Approach to Community Health (REACH)	\$448,000
Safe Motherhood/Infant Health	\$485,466
Tobacco	\$1,101,612
Cross-Cutting Public Health	\$1,801,146
Behavioral Risk Factor Surveillance System	\$205,900
Strengthen and Improve the Nation's Public Health Capacity Through National Partnerships	\$1,595,246
Environmental Health	\$630,000
Asthma	\$525,000
Environmental Health Activities	\$105,000
Infectious Diseases	\$17,993,463
Emerging Infectious Diseases	\$47,453
Food Safety	\$142,723
HIV/AIDS, Research and Domestic	\$11,157,773
Immunization Programs	\$2,106,525
Influenza	\$308,723
Sexually Transmitted Diseases	\$2,715,241
Tuberculosis	\$1,265,475
Vector-borne Disease	\$150,000
Viral Hepatitis	\$99,550
Injury Prevention and Control	\$661,398
Intentional Injury	\$661,398
Occupational Safety and Health	\$57,956
Occupational Safety and Health	\$57,956
Prevention and Public Health Fund/Other ACA Funds	\$4,867,697
Breast and Cervical Cancer Program	\$179,126
Community Guide/Community Preventive Services Task Force	\$224,624
Community Transformation Grants	\$2,116,075
Environmental Public Health Tracking	\$678,510
Epidemiology and Laboratory Capacity Program	\$255,531
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$63,558
Public Health Infrastructure	\$850,000
Tobacco	\$395,273
Preventive Health and Health Services Block Grant	\$2,140,320
Public Health Service Block Grants	\$2,140,320
Public Health and Social Services Emergency Fund	\$22,541

Page 77 Louisiana





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Public Health and Social Services Emergency Fund	\$22,541
Public Health Preparedness and Emergency Response	\$9,394,886
All Other	\$38,984
BioSense	\$309,238
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$9,046,664
Vaccines For Children	\$57,261,717
Vaccines For Children	\$57,261,717
Grand Total	\$103,141,587

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

Page 78 Louisiana





#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 79 Louisiana





### Maine

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Maine. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,329,192

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$153,949	0.4%
Chronic Disease Prevention and Health Promotion	\$6,601,538	16.5%
Cross-Cutting Public Health	\$310,000	0.8%
Environmental Health	\$635,032	1.6%
Infectious Diseases	\$4,758,323	11.9%
Injury Prevention and Control	\$153,092	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$10,326,865	25.9%
Preventive Health and Health Services Block Grant	\$658,506	1.6%
Public Health and Social Services Emergency Fund	\$25,446	0.1%
Public Health Preparedness and Emergency Response	\$4,785,322	12.0%
Vaccines For Children	\$11,538,053	28.9%
Grand Total	\$39,946,126	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$153,949
Health and Development with Disabilities	\$153,949
Chronic Disease Prevention and Health Promotion	\$6,601,538
Cancer Prevention and Control	\$3,497,372
Diabetes	\$340,473
Heart Disease and Stroke	\$1,103,075
Oral Health	\$310,520
Safe Motherhood/Infant Health	\$145,247
School Health	\$253,805
Tobacco	\$951,046
Cross-Cutting Public Health	\$310,000
Behavioral Risk Factor Surveillance System	\$310,000
Environmental Health	\$635,032

Page 80 Maine





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Asthma	\$385,350
Environmental Health Activities	\$249,682
Infectious Diseases	\$4,758,323
Emerging Infectious Diseases	\$14,491
Food Safety	\$54,162
HIV/AIDS, Research and Domestic	\$1,868,992
Immunization Programs	\$1,926,479
Influenza	\$224,979
Lyme Disease	\$37,878
Sexually Transmitted Diseases	\$286,893
Tuberculosis	\$178,347
Vector-borne Disease	\$49,999
Viral Hepatitis	\$116,103
Injury Prevention and Control	\$153,092
Intentional Injury	\$153,092
Prevention and Public Health Fund/Other ACA Funds	\$10,326,865
Community Transformation Grants	\$6,919,955
Environmental Public Health Tracking	\$1,004,719
Epidemiology and Laboratory Capacity Program	\$586,509
Healthcare Associated Infections	\$105,000
Immunization Programs	\$666,749
Public Health Infrastructure	\$843,182
Tobacco	\$100,751
Viral Hepatitis	\$100,000
Preventive Health and Health Services Block Grant	\$658,506
Public Health Service Block Grants	\$658,506
Public Health and Social Services Emergency Fund	\$25,446
Public Health and Social Services Emergency Fund	\$25,446
Public Health Preparedness and Emergency Response	\$4,785,322
BioSense	\$208,764
Hospital Preparedness Program (HPP) and Public Health Emergency	<b>\$4.570.550</b>
Preparedness (PHEP)  Vaccines For Children	\$4,576,558
	\$11,538,053
Vaccines For Children  Grand Total	\$11,538,053
Granu rolai	\$39,946,126

Page 81 Maine





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 82 Maine





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 83 Maine





### **Maryland**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Maryland. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 5,884,563

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$3,880,985	2.8%
Chronic Disease Prevention and Health Promotion	\$14,089,959	10.2%
Cross-Cutting Public Health	\$290,501	0.2%
Environmental Health	\$2,417,366	1.7%
Infectious Diseases	\$32,196,085	23.3%
Injury Prevention and Control	\$3,833,183	2.8%
Occupational Safety and Health	\$1,374,429	1.0%
Prevention and Public Health Fund/Other ACA Funds	\$11,466,282	8.3%
Preventive Health and Health Services Block Grant	\$1,415,949	1.0%
Public Health and Social Services Emergency Fund	\$30,604	0.0%
Public Health Preparedness and Emergency Response	\$15,150,806	10.9%
Vaccines For Children	\$52,256,282	37.8%
Grand Total	\$138,402,431	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$3,880,985
Child Health and Development	\$2,584,360
Health and Development with Disabilities	\$1,196,625
Public Health Approach to Blood Disorders	\$100,000
Chronic Disease Prevention and Health Promotion	\$14,089,959
Cancer Prevention and Control	\$6,476,268
Diabetes	\$297,611
Epilepsy	\$3,319,369
Excessive Alcohol Use	\$1,081,200
Glaucoma	\$182,000
Heart Disease and Stroke	\$325,000
Interstitial Cystitis	\$562,918

Page 84 Maryland





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Nutrition, Physical Activity and Obesity	\$70,000
Oral Health	\$330,819
Prevention Research Centers	\$45,183
Safe Motherhood/Infant Health	\$126,653
Tobacco	\$1,205,315
Vision Screening Education	\$67,623
Cross-Cutting Public Health	\$290,501
Behavioral Risk Factor Surveillance System	\$200,904
Strengthen and Improve the Nation's Public Health Capacity Through	*
National Partnerships	\$89,597
Environmental Health	\$2,417,366
Asthma	\$472,536
Environmental Health Activities	\$614,830
Environmental Health Laboratory	\$1,330,000
Infectious Diseases	\$32,196,085
All Other Emerging and Zoonotic Infectious Diseases	\$645,376
Emerging Infectious Diseases	\$1,465,657
Food Safety	\$610,516
HIV/AIDS, Research and Domestic	\$18,690,887
Immunization Programs	\$3,531,480
Influenza	\$1,588,109
Lyme Disease	\$302,683
National Health Safety Network	\$172,386
Prion Disease	\$245,146
Sexually Transmitted Diseases	\$3,209,939
Tuberculosis	\$1,398,793
Vector-borne Disease	\$210,000
Viral Hepatitis	\$125,113
Injury Prevention and Control	\$3,833,183
Injury Control Research Centers	\$836,521
Intentional Injury	\$2,100,223
National Violent Death Reporting System	\$244,439
Unintentional Injury	\$652,000
Occupational Safety and Health	\$1,374,429
Occupational Safety and Health	\$1,374,429
Prevention and Public Health Fund/Other ACA Funds	\$11,466,282
Breast and Cervical Cancer Program	\$314,115
Community Transformation Grants	\$4,584,671
Environmental Public Health Tracking	\$1,088,927
Epidemiology and Laboratory Capacity Program	\$980,449
Healthcare Associated Infections	\$333,495
Healthcare Surveillance	\$141,119

Page 85 Maryland





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Immunization Programs	\$1,277,500
Prevention Research Centers	\$940,000
Public Health Infrastructure	\$400,000
Public Health Workforce	\$803,074
Tobacco	\$352,932
Viral Hepatitis	\$250,000
Preventive Health and Health Services Block Grant	\$1,415,949
Public Health Service Block Grants	\$1,415,949
Public Health and Social Services Emergency Fund	\$30,604
Public Health and Social Services Emergency Fund	\$30,604
Public Health Preparedness and Emergency Response	\$15,150,806
All Other	\$475,000
BioSense	\$141,020
Centers for Public Health Preparedness	\$709,796
Hospital Preparedness Program (HPP) and Public Health Emergency	•
Preparedness (PHEP)	\$11,315,663
Real-Time Lab Reporting	\$1,633,416
Upgrading CDC Capacity	\$875,911
Vaccines For Children	\$52,256,282
Vaccines For Children	\$52,256,282
Grand Total	\$138,402,431

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the

Page 86 Maryland





- value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because

Page 87 Maryland





their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### **For More Information**

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 88 Maryland





### **Massachusetts**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Massachusetts. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,646,144

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	<b>OBLIGATED AMOUNT</b>	<b>PERCENTAGE</b>
Agency for Toxic Substances and Disease Registry	\$402,895	0.3%
Birth Defects and Developmental Disabilities	\$2,239,815	1.6%
Chronic Disease Prevention and Health Promotion	\$12,871,995	9.2%
Cross-Cutting Public Health	\$290,146	0.2%
Environmental Health	\$1,285,525	0.9%
Infectious Diseases	\$23,746,399	17.0%
Injury Prevention and Control	\$1,646,999	1.2%
Occupational Safety and Health	\$4,693,810	3.4%
Prevention and Public Health Fund/Other ACA Funds	\$22,073,956	15.8%
Preventive Health and Health Services Block Grant	\$2,019,981	1.4%
Public Health and Social Services Emergency Fund	\$30,282	0.0%
Public Health Preparedness and Emergency Response	\$14,485,903	10.4%
Vaccines For Children	\$53,602,599	38.5%
Grand Total	\$139,390,305	100.0%

CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Agency for Toxic Substances and Disease Registry	\$402,895
Agency for Toxic Substances and Disease Registry	\$402,895
Birth Defects and Developmental Disabilities	\$2,239,815
Child Health and Development	\$870,000
Health and Development with Disabilities	\$1,365,859
Public Health Approach to Blood Disorders	\$3,956
Chronic Disease Prevention and Health Promotion	\$12,871,995
Cancer Prevention and Control	\$5,731,703
Community Health Promotion	\$60,199
Diabetes	\$1,268,996
Epilepsy	\$25,200

Page 89 Massachusetts





CATECORY & SUR CATECORY	ORLICATED AMOUNT
CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Heart Disease and Stroke	\$1,635,881
Nutrition, Physical Activity and Obesity	\$1,219,926
Safe Motherhood/Infant Health	\$636,303
School Health	\$337,385
Tobacco	\$1,956,402
Cross-Cutting Public Health	\$290,146
Behavioral Risk Factor Surveillance System	\$290,146
Environmental Health	\$1,285,525
All Other	\$491,828
Asthma	\$365,255
Environmental Health Activities	\$428,442
Infectious Diseases	\$23,746,399
All Other Emerging and Zoonotic Infectious Diseases	\$30,000
Emerging Infectious Diseases	\$369,300
Food Safety	\$235,896
HIV/AIDS, Research and Domestic	\$13,740,225
Immunization Programs	\$4,724,950
Influenza	\$485,554
Lyme Disease	\$41,772
Quarantine	\$830,000
Sexually Transmitted Diseases	\$1,954,002
Tuberculosis	\$1,116,975
Vector-borne Disease	\$100,001
Viral Hepatitis	\$117,724
Injury Prevention and Control	\$1,646,999
Intentional Injury	\$1,029,394
National Violent Death Reporting System	\$232,217
Unintentional Injury	\$385,388
Occupational Safety and Health	\$4,693,810
Occupational Safety and Health	\$4,693,810
Prevention and Public Health Fund/Other ACA Funds	\$22,073,956
Childhood Obesity Demonstration Project	\$1,659,462
Community Transformation Grants	\$6,137,962
Environmental Public Health Tracking	\$1,048,968
Epidemiology and Laboratory Capacity Program	\$663,865
Healthcare Associated Infections	\$333,495
Healthcare Surveillance	\$136,249
Hospitals Promoting Breastfeeding	\$2,659,417
Immunization Programs	\$1,821,089
Prevention Research Centers	\$1,635,000
Public Health Infrastructure	\$993,662
. 22	Ψ000,00 <u>2</u>

Page 90 Massachusetts





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Racial and Ethnic Approach to Community Health	\$4,606,088
Tobacco	\$378,699
Preventive Health and Health Services Block Grant	\$2,019,981
Public Health Service Block Grants	\$2,019,981
Public Health and Social Services Emergency Fund	\$30,282
Public Health and Social Services Emergency Fund	\$30,282
Public Health Preparedness and Emergency Response	\$14,485,903
BioSense	\$163,682
Centers for Public Health Preparedness	\$709,796
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$13,212,425
Upgrading CDC Capacity	\$400,000
Vaccines For Children	\$53,602,599
Vaccines For Children	\$53,602,599
Grand Total	\$139,390,305

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other

Page 91 Massachusetts





federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 92 Massachusetts





### Michigan

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Michigan. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 9,883,360

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$415,276	0.2%
Birth Defects and Developmental Disabilities	\$1,843,639	1.1%
Chronic Disease Prevention and Health Promotion	\$22,366,651	13.2%
Cross-Cutting Public Health	\$920,715	0.5%
Environmental Health	\$1,216,609	0.7%
Infectious Diseases	\$23,812,415	14.0%
Injury Prevention and Control	\$4,617,203	2.7%
Occupational Safety and Health	\$2,012,835	1.2%
Prevention and Public Health Fund/Other ACA Funds	\$9,324,756	5.5%
Preventive Health and Health Services Block Grant	\$2,936,577	1.7%
Public Health and Social Services Emergency Fund	\$1,110,463	0.7%
Public Health Preparedness and Emergency Response	\$17,182,074	10.1%
Vaccines For Children	\$81,739,515	48.2%
Grand Total	\$169,498,728	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$415,276
Agency for Toxic Substances and Disease Registry	\$415,276
Birth Defects and Developmental Disabilities	\$1,843,639
Child Health and Development	\$1,090,000
Health and Development with Disabilities	\$603,639
Public Health Approach to Blood Disorders	\$150,000
Chronic Disease Prevention and Health Promotion	\$22,366,651
Arthritis	\$485,000
Cancer Prevention and Control	\$13,867,256
Chronic Kidnev Disease	\$600,000

Page 93 Michigan





Diabetes         \$1,545,835           Epilepsy         \$120,000           Excessive Alcohol Use         \$94,684           Heart Disease and Stroke         \$770,453           National Lupus Patient Registry         \$750,000           Oral Health         \$365,000           Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$227,155           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health Activities         \$23,866           Environmental Health Activities         \$23,812,415           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$21,8167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508	CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Excessive Alcohol Use         \$94,684           Heart Disease and Stroke         \$740,453           National Lupus Patient Registry         \$750,000           Oral Health         \$365,000           Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$229,542           School Health         \$228,550           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$12,16,009           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Activities         \$235,485           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$81,616           HIV/AIDS, Research and Domestic         \$10,940,964           Influenza         \$57,498,123           Influenza         \$57,498,123 <td>Diabetes</td> <td>\$1,545,835</td>	Diabetes	\$1,545,835
Heart Disease and Stroke         \$740,453           National Lupus Patient Registry         \$750,000           Oral Health         \$365,000           Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$228,542           School Health         \$228,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$883,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$231,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$87,9594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,94,964           Immunization Programs         \$7,498,123           Lyme Disease         \$22,834           Prion Disease         \$28,619	Epilepsy	\$120,000
National Lupus Patient Registry         \$750,000           Oral Health         \$365,000           Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$320,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health Activities         \$353,662           Environmental Health Activities         \$397,462           Infectious Diseases         \$33,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$81,074           Influenza         \$570,508           Lyme Disease         \$3,000           Prion Disease         \$38,619           Quarantine         \$160,000 </td <td>Excessive Alcohol Use</td> <td>\$94,684</td>	Excessive Alcohol Use	\$94,684
Oral Health         \$365,000           Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$78,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$22,834           Prion Disease         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease	Heart Disease and Stroke	\$740,453
Prevention Research Centers         \$603,000           Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$228,542           School Health         \$22,89,531           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$33,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculo	National Lupus Patient Registry	\$750,000
Racial and Ethnic Approach to Community Health (REACH)         \$249,850           Safe Motherhood/Infant Health         \$228,542           School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$3,41,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$1,102,313           Vector-borne Disease         \$150,000           Viral	Oral Health	\$365,000
Safe Motherhood/Infant Health         \$228,542           School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$17,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control	Prevention Research Centers	\$603,000
School Health         \$427,500           Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$22,834           Prion Disease         \$23,814           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,52	Racial and Ethnic Approach to Community Health (REACH)	\$249,850
Tobacco         \$2,289,531           Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers	Safe Motherhood/Infant Health	\$228,542
Cross-Cutting Public Health         \$920,715           Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Lyme Disease         \$22,834           Prion Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Inj	School Health	\$427,500
Behavioral Risk Factor Surveillance System         \$245,000           Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$33,324,426           National Violent Death Reporting System         \$256,257           Uni	Tobacco	\$2,289,531
Public Health Workforce and Career Development         \$675,715           Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$23,8619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$33,24,426           National Violent Death Reporting System         \$256,257           Unintentional Injury         \$200,000           Occupatio	Cross-Cutting Public Health	\$920,715
Environmental Health         \$1,216,609           Asthma         \$583,662           Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$22,834           Quarantine         \$160,000           Sexually Transmitted Diseases         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Injury         \$3,324,426           National Violent Death Reporting System         \$256,257           Unintentional Safety and Health         \$2,000,000           Occupational Safety and Health         \$2,012,835	Behavioral Risk Factor Surveillance System	\$245,000
Asthma       \$583,662         Environmental Health Activities       \$235,485         Environmental Health Laboratory       \$397,462         Infectious Diseases       \$23,812,415         All Other Emerging and Zoonotic Infectious Diseases       \$81,747         Emerging Infectious Diseases       \$79,594         Food Safety       \$218,167         HIV/AIDS, Research and Domestic       \$10,940,964         Immunization Programs       \$7,498,123         Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Safety and Health       \$2,012,835	Public Health Workforce and Career Development	\$675,715
Environmental Health Activities         \$235,485           Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Injury         \$3,324,426           National Violent Death Reporting System         \$256,257           Unintentional Injury         \$200,000           Occupational Safety and Health         \$2,012,835	Environmental Health	\$1,216,609
Environmental Health Laboratory         \$397,462           Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Injury         \$3,324,426           National Violent Death Reporting System         \$256,257           Unintentional Injury         \$200,000           Occupational Safety and Health         \$2,012,835	Asthma	\$583,662
Infectious Diseases         \$23,812,415           All Other Emerging and Zoonotic Infectious Diseases         \$81,747           Emerging Infectious Diseases         \$79,594           Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Injury         \$3,324,426           National Violent Death Reporting System         \$256,257           Unintentional Injury         \$200,000           Occupational Safety and Health         \$2,012,835	Environmental Health Activities	\$235,485
All Other Emerging and Zoonotic Infectious Diseases       \$81,747         Emerging Infectious Diseases       \$79,594         Food Safety       \$218,167         HIV/AIDS, Research and Domestic       \$10,940,964         Immunization Programs       \$7,498,123         Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Environmental Health Laboratory	\$397,462
Emerging Infectious Diseases       \$79,594         Food Safety       \$218,167         HIV/AIDS, Research and Domestic       \$10,940,964         Immunization Programs       \$7,498,123         Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Infectious Diseases	\$23,812,415
Food Safety         \$218,167           HIV/AIDS, Research and Domestic         \$10,940,964           Immunization Programs         \$7,498,123           Influenza         \$570,508           Lyme Disease         \$22,834           Prion Disease         \$38,619           Quarantine         \$160,000           Sexually Transmitted Diseases         \$2,738,966           Tuberculosis         \$1,102,313           Vector-borne Disease         \$150,000           Viral Hepatitis         \$210,580           Injury Prevention and Control         \$4,617,203           Injury Control Research Centers         \$836,520           Intentional Injury         \$3,324,426           National Violent Death Reporting System         \$256,257           Unintentional Injury         \$200,000           Occupational Safety and Health         \$2,012,835	All Other Emerging and Zoonotic Infectious Diseases	\$81,747
HIV/AIDS, Research and Domestic       \$10,940,964         Immunization Programs       \$7,498,123         Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Emerging Infectious Diseases	\$79,594
Immunization Programs       \$7,498,123         Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Food Safety	\$218,167
Influenza       \$570,508         Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	HIV/AIDS, Research and Domestic	\$10,940,964
Lyme Disease       \$22,834         Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Immunization Programs	\$7,498,123
Prion Disease       \$38,619         Quarantine       \$160,000         Sexually Transmitted Diseases       \$2,738,966         Tuberculosis       \$1,102,313         Vector-borne Disease       \$150,000         Viral Hepatitis       \$210,580         Injury Prevention and Control       \$4,617,203         Injury Control Research Centers       \$836,520         Intentional Injury       \$3,324,426         National Violent Death Reporting System       \$256,257         Unintentional Injury       \$200,000         Occupational Safety and Health       \$2,012,835	Influenza	\$570,508
Quarantine\$160,000Sexually Transmitted Diseases\$2,738,966Tuberculosis\$1,102,313Vector-borne Disease\$150,000Viral Hepatitis\$210,580Injury Prevention and Control\$4,617,203Injury Control Research Centers\$836,520Intentional Injury\$3,324,426National Violent Death Reporting System\$256,257Unintentional Injury\$200,000Occupational Safety and Health\$2,012,835	Lyme Disease	\$22,834
Sexually Transmitted Diseases \$2,738,966 Tuberculosis \$1,102,313 Vector-borne Disease \$150,000 Viral Hepatitis \$210,580 Injury Prevention and Control \$4,617,203 Injury Control Research Centers \$836,520 Intentional Injury \$3,324,426 National Violent Death Reporting System \$256,257 Unintentional Injury \$200,000 Occupational Safety and Health \$2,012,835	Prion Disease	\$38,619
Tuberculosis \$1,102,313 Vector-borne Disease \$150,000 Viral Hepatitis \$210,580 Injury Prevention and Control \$4,617,203 Injury Control Research Centers \$836,520 Intentional Injury \$3,324,426 National Violent Death Reporting System \$256,257 Unintentional Injury \$200,000 Occupational Safety and Health \$2,012,835	Quarantine	\$160,000
Vector-borne Disease\$150,000Viral Hepatitis\$210,580Injury Prevention and Control\$4,617,203Injury Control Research Centers\$836,520Intentional Injury\$3,324,426National Violent Death Reporting System\$256,257Unintentional Injury\$200,000Occupational Safety and Health\$2,012,835	Sexually Transmitted Diseases	\$2,738,966
Viral Hepatitis\$210,580Injury Prevention and Control\$4,617,203Injury Control Research Centers\$836,520Intentional Injury\$3,324,426National Violent Death Reporting System\$256,257Unintentional Injury\$200,000Occupational Safety and Health\$2,012,835	Tuberculosis	\$1,102,313
Injury Prevention and Control\$4,617,203Injury Control Research Centers\$836,520Intentional Injury\$3,324,426National Violent Death Reporting System\$256,257Unintentional Injury\$200,000Occupational Safety and Health\$2,012,835	Vector-borne Disease	\$150,000
Injury Control Research Centers \$836,520 Intentional Injury \$3,324,426 National Violent Death Reporting System \$256,257 Unintentional Injury \$200,000 Occupational Safety and Health \$2,012,835	Viral Hepatitis	\$210,580
Intentional Injury \$3,324,426 National Violent Death Reporting System \$256,257 Unintentional Injury \$200,000 Occupational Safety and Health \$2,012,835	Injury Prevention and Control	\$4,617,203
National Violent Death Reporting System \$256,257 Unintentional Injury \$200,000 Occupational Safety and Health \$2,012,835	Injury Control Research Centers	\$836,520
Unintentional Injury \$200,000  Occupational Safety and Health \$2,012,835	Intentional Injury	\$3,324,426
Occupational Safety and Health \$2,012,835	National Violent Death Reporting System	\$256,257
		\$200,000
Occupational Safety and Health \$2,012,835	Occupational Safety and Health	\$2,012,835
	Occupational Safety and Health	\$2,012,835

Page 94 Michigan





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Prevention and Public Health Fund/Other ACA Funds	\$9,324,756
Breast and Cervical Cancer Program	\$607,352
Community Transformation Grants	\$2,477,119
Comprehensive Chronic Disease Prevention	\$976,678
Epidemiology and Laboratory Capacity Program	\$1,179,852
Healthcare Associated Infections	\$361,654
Healthcare Surveillance	\$83,136
Hospitals Promoting Breastfeeding	\$380,172
Immunization Programs	\$2,010,990
Public Health Infrastructure	\$500,000
Tobacco	\$747,803
Preventive Health and Health Services Block Grant	\$2,936,577
Public Health Service Block Grants	\$2,936,577
Public Health and Social Services Emergency Fund	\$1,110,463
Public Health and Social Services Emergency Fund	\$1,110,463
Public Health Preparedness and Emergency Response	\$17,182,074
BioSense	\$235,387
Hospital Preparedness Program (HPP) and Public Health Emergency	\$16,946,687
Preparedness (PHEP)	
Vaccines For Children	\$81,739,515
Vaccines For Children	\$81,739,515
Grand Total	\$169,498,728

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federallypurchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the

Page 95 Michigan





- value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because

Page 96 Michigan





their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### **For More Information**

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 97 Michigan





### **Minnesota**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Minnesota. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 5,379,139

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$436,860	0.5%
Birth Defects and Developmental Disabilities	\$770,524	0.8%
Chronic Disease Prevention and Health Promotion	\$13,522,933	14.1%
Cross-Cutting Public Health	\$150,083	0.2%
Environmental Health	\$1,582,990	1.7%
Infectious Diseases	\$15,216,907	15.9%
Injury Prevention and Control	\$1,293,128	1.4%
Occupational Safety and Health	\$1,733,450	1.8%
Prevention and Public Health Fund/Other ACA Funds	\$13,988,891	14.6%
Preventive Health and Health Services Block Grant	\$2,066,852	2.2%
Public Health and Social Services Emergency Fund	\$25,759	0.0%
Public Health Preparedness and Emergency Response	\$11,894,656	12.4%
Vaccines For Children	\$33,099,315	34.6%
Grand Total	\$95,782,348	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$436,860
Agency for Toxic Substances and Disease Registry	\$436,860
Birth Defects and Developmental Disabilities	\$770,524
Child Health and Development	\$180,000
Health and Development with Disabilities	\$590,524
Chronic Disease Prevention and Health Promotion	\$13,522,933
Cancer Prevention and Control	\$9,416,665
Diabetes	\$912,163
Heart Disease and Stroke	\$730,756
Nutrition, Physical Activity and Obesity	\$10,500
Oral Health	\$330,000

Page 98 Minnesota





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Prevention Research Centers	\$610,000
Safe Motherhood/Infant Health	\$210,319
School Health	\$225,686
Tobacco	\$1,076,844
Cross-Cutting Public Health	\$150,083
Behavioral Risk Factor Surveillance System	\$150,083
Environmental Health	\$1,582,990
All Other	\$274,994
Asthma	\$528,000
Environmental Health Activities	\$382,534
Environmental Health Laboratory	\$397,462
Infectious Diseases	\$15,216,907
All Other Emerging and Zoonotic Infectious Diseases	\$635,019
Emerging Infectious Diseases	\$1,289,445
Food Safety	\$646,901
HIV/AIDS, Research and Domestic	\$4,422,824
Immunization Programs	\$4,645,895
Influenza	\$551,449
Lyme Disease	\$210,528
National Health Safety Network	\$134,461
Quarantine	\$75,000
Sexually Transmitted Diseases	\$977,942
Tuberculosis	\$1,053,905
Vector-borne Disease	\$230,982
Viral Hepatitis	\$342,556
Injury Prevention and Control	\$1,293,128
All Other	\$455,947
Intentional Injury	\$632,727
Unintentional Injury	\$204,454
Occupational Safety and Health	\$1,733,450
Occupational Safety and Health	\$1,733,450
Prevention and Public Health Fund/Other ACA Funds	\$13,988,891
Breast and Cervical Cancer Program	\$308,055
Community Transformation Grants	\$4,964,211
Comprehensive Chronic Disease Prevention	\$645,573
Diabetes	\$1,135,000
Environmental Public Health Tracking	\$801,727
Epidemiology and Laboratory Capacity Program	\$1,390,372
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$181,107
Immunization Programs	\$2,795,829

Page 99 Minnesota





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Public Health Infrastructure	\$1,240,693
Tobacco	\$296,100
Viral Hepatitis	\$125,224
Preventive Health and Health Services Block Grant	\$2,066,852
Public Health Service Block Grants	\$2,066,852
Public Health and Social Services Emergency Fund	\$25,759
Public Health and Social Services Emergency Fund	\$25,759
Public Health Preparedness and Emergency Response	\$11,894,656
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$709,796
Preparedness (PHEP)	\$11,184,860
Vaccines For Children	\$33,099,315
Vaccines For Children	\$33,099,315
Grand Total	\$95,782,348

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other

Page 100 Minnesota





federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 101 Minnesota





### **Mississippi**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Mississippi. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,984,926

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$451,815	0.6%
Chronic Disease Prevention and Health Promotion	\$9,122,528	12.2%
Cross-Cutting Public Health	\$162,047	0.2%
Environmental Health	\$522,241	0.7%
Infectious Diseases	\$11,080,909	14.8%
Injury Prevention and Control	\$341,584	0.5%
Prevention and Public Health Fund/Other ACA Funds	\$4,463,459	6.0%
Preventive Health and Health Services Block Grant	\$1,078,494	1.4%
Public Health and Social Services Emergency Fund	\$12,114	0.0%
Public Health Preparedness and Emergency Response	\$6,760,196	9.0%
Vaccines For Children	\$40,983,536	54.7%
Grand Total	\$74,978,923	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$451,815
Health and Development with Disabilities	\$153,265
Public Health Approach to Blood Disorders	\$298,550
Chronic Disease Prevention and Health Promotion	\$9,122,528
Cancer Prevention and Control	\$3,480,944
Diabetes	\$292,533
Heart Disease and Stroke	\$3,740,068
Safe Motherhood/Infant Health	\$197,708
School Health	\$306,709
Tobacco	\$1,104,566
Cross-Cutting Public Health	\$162,047
Behavioral Risk Factor Surveillance System	\$162,047

Page 102 Mississippi





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Environmental Health	\$522,241
Asthma	\$522,241
Infectious Diseases	\$11,080,909
Emerging Infectious Diseases	\$39,520
Food Safety	\$56,412
HIV/AIDS, Research and Domestic	\$6,489,376
Immunization Programs	\$2,066,881
Influenza	\$219,984
Sexually Transmitted Diseases	\$1,114,247
Tuberculosis	\$738,689
Vector-borne Disease	\$300,000
Viral Hepatitis	\$55,800
Injury Prevention and Control	\$341,584
Intentional Injury	\$341,584
Prevention and Public Health Fund/Other ACA Funds	\$4,463,459
Breast and Cervical Cancer Program	\$163,924
Community Transformation Grants	\$500,000
Epidemiology and Laboratory Capacity Program	\$450,587
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$110,000
Immunization Programs	\$2,568,000
Public Health Infrastructure	\$300,000
Tobacco	\$265,948
Preventive Health and Health Services Block Grant	\$1,078,494
Public Health Service Block Grants	\$1,078,494
Public Health and Social Services Emergency Fund	\$12,114
Public Health and Social Services Emergency Fund	\$12,114
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$6,760,196
Preparedness (PHEP)	\$6,760,196 \$40,093,536
Vaccines For Children	\$40,983,536 \$40,083,536
Vaccines For Children	\$40,983,536
Grand Total	\$74,978,923

Page 103 Mississippi





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories

Page 104 Mississippi





apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 105 Mississippi





### **Missouri**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Missouri. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,021,988

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$331,895	0.3%
Birth Defects and Developmental Disabilities	\$1,182,710	1.2%
Chronic Disease Prevention and Health Promotion	\$9,866,365	9.7%
Environmental Health	\$548,771	0.5%
Infectious Diseases	\$13,924,055	13.7%
Injury Prevention and Control	\$1,508,389	1.5%
Prevention and Public Health Fund/Other ACA Funds	\$5,656,047	5.6%
Preventive Health and Health Services Block Grant	\$2,055,979	2.0%
Public Health and Social Services Emergency Fund	\$20,343	0.0%
Public Health Preparedness and Emergency Response	\$11,365,070	11.2%
Vaccines For Children	\$55,360,006	54.4%
Grand Total	\$101,819,630	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$331,895
Agency for Toxic Substances and Disease Registry	\$331,895
Birth Defects and Developmental Disabilities	\$1,182,710
Child Health and Development	\$1,042,455
Health and Development with Disabilities	\$140,255
Chronic Disease Prevention and Health Promotion	\$9,866,365
Arthritis	\$485,000
Cancer Prevention and Control	\$5,466,828
Diabetes	\$466,372
Heart Disease and Stroke	\$1,083,534
Nutrition, Physical Activity and Obesity	\$362,101
Prevention Research Centers	\$700,520
Safe Motherhood/Infant Health	\$145,319

Page 106 Missouri





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tobacco	\$1,156,691
Environmental Health	\$548,771
Asthma	\$548,771
Infectious Diseases	\$13,924,055
All Other Emerging and Zoonotic Infectious Diseases	\$50,841
Emerging Infectious Diseases	\$493,935
Food Safety	\$228,831
HIV/AIDS, Research and Domestic	\$6,170,364
Immunization Programs	\$3,741,933
Influenza	\$353,294
Sexually Transmitted Diseases	\$2,147,266
Tuberculosis	\$576,104
Vector-borne Disease	\$100,000
Viral Hepatitis	\$61,487
Injury Prevention and Control	\$1,508,389
Injury Control Research Centers	\$836,521
Intentional Injury	\$671,868
Prevention and Public Health Fund/Other ACA Funds	\$5,656,047
Breast and Cervical Cancer Program	\$202,965
Community Transformation Grants	\$2,002,611
Environmental Public Health Tracking	\$1,100,000
Epidemiology and Laboratory Capacity Program	\$394,474
Healthcare Associated Infections	\$70,000
Immunization Programs	\$982,484
Public Health Infrastructure	\$400,000
Tobacco	\$503,513
Preventive Health and Health Services Block Grant	\$2,055,979
Public Health Service Block Grants	\$2,055,979
Public Health and Social Services Emergency Fund	\$20,343
Public Health and Social Services Emergency Fund	\$20,343
Public Health Preparedness and Emergency Response	\$11,365,070
BioSense Hospital Preparedness Program (HPP) and Public Health Emergency	\$184,419
Preparedness (PHEP)	\$11,180,651
Vaccines For Children	\$55,360,006
Vaccines For Children	\$55,360,006
Grand Total	\$101,819,630

Page 107 Missouri





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 108 Missouri





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 109 Missouri





### **Montana**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Montana. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,005,141

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$554,998	1.9%
Chronic Disease Prevention and Health Promotion	\$6,727,431	22.6%
Cross-Cutting Public Health	\$50,000	0.2%
Environmental Health	\$379,612	1.3%
Infectious Diseases	\$3,349,511	11.2%
Injury Prevention and Control	\$366,255	1.2%
Occupational Safety and Health	\$102,983	0.3%
Prevention and Public Health Fund/Other ACA Funds	\$5,719,117	19.2%
Preventive Health and Health Services Block Grant	\$698,577	2.3%
Public Health and Social Services Emergency Fund	\$15,631	0.1%
Public Health Preparedness and Emergency Response	\$4,301,218	14.4%
Vaccines For Children	\$7,554,121	25.3%
Grand Total	\$29,819,454	100.0%

#### CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Birth Defects and Developmental Disabilities	\$554,998
Health and Development with Disabilities	\$554,998
Chronic Disease Prevention and Health Promotion	\$6,727,431
Arthritis	\$428,459
Cancer Prevention and Control	\$3,665,503
Diabetes	\$598,450
Heart Disease and Stroke	\$1,073,226
Tobacco	\$961,793
Cross-Cutting Public Health	\$50,000
Behavioral Risk Factor Surveillance System	\$50,000
Environmental Health	\$379,612
Asthma	\$379,612

Page 110 Montana





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Infectious Diseases	\$3,349,511
Emerging Infectious Diseases	\$9,068
Food Safety	\$51,963
HIV/AIDS, Research and Domestic	\$1,479,206
Immunization Programs	\$951,934
Influenza	\$155,810
Sexually Transmitted Diseases	\$281,343
Tuberculosis	\$186,790
Vector-borne Disease	\$200,000
Viral Hepatitis	\$33,397
Injury Prevention and Control	\$366,255
Intentional Injury	\$366,255
Occupational Safety and Health	\$102,983
Occupational Safety and Health	\$102,983
Prevention and Public Health Fund/Other ACA Funds	\$5,719,117
Breast and Cervical Cancer Program	\$100,000
Community Transformation Grants	\$769,195
Comprehensive Chronic Disease Prevention	\$853,255
Environmental Health Hazards	\$2,325,280
Epidemiology and Laboratory Capacity Program	\$469,259
Healthcare Associated Infections	\$83,372
Healthcare Surveillance	\$137,391
Immunization Programs	\$481,365
Public Health Infrastructure	\$500,000
Preventive Health and Health Services Block Grant	\$698,577
Public Health Service Block Grants	\$698,577
Public Health and Social Services Emergency Fund	\$15,631
Public Health and Social Services Emergency Fund	\$15,631
Public Health Preparedness and Emergency Response	\$4,301,218
BioSense Hospital Preparedness Program (HPP) and Public Health Emergency	\$137,148
Preparedness (PHEP) Vaccines For Children	\$4,164,070 \$7,554,121
Vaccines For Children	\$7,554,121 \$7,554,121
Grand Total	\$7,554,121 <b>\$29,819,454</b>
Granu i Otal	₹29,019,4 <b>5</b> 4

#### **Data Included**

Page 111 Montana





- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

Page 112 Montana





- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 113 Montana





### Nebraska

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Nebraska. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,855,525

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$192,682	0.5%
Chronic Disease Prevention and Health Promotion	\$8,562,476	20.3%
Cross-Cutting Public Health	\$70,000	0.2%
Environmental Health	\$165,710	0.4%
Infectious Diseases	\$4,889,725	11.6%
Injury Prevention and Control	\$505,180	1.2%
Prevention and Public Health Fund/Other ACA Funds	\$3,772,159	9.0%
Preventive Health and Health Services Block Grant	\$1,420,833	3.4%
Public Health and Social Services Emergency Fund	\$17,061	0.0%
Public Health Preparedness and Emergency Response	\$5,577,004	13.2%
Vaccines For Children	\$16,952,107	40.2%
Grand Total	\$42,124,937	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$192,682
Child Health and Development	\$50,000
Health and Development with Disabilities	\$142,682
Chronic Disease Prevention and Health Promotion	\$8,562,476
Cancer Prevention and Control	\$6,143,000
Diabetes	\$353,969
Heart Disease and Stroke	\$337,373
Nutrition, Physical Activity and Obesity	\$7,000
Safe Motherhood/Infant Health	\$512,022
Tobacco	\$1,209,112
Cross-Cutting Public Health	\$70,000
Behavioral Risk Factor Surveillance System	\$70,000

Page 114 Nebraska





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Environmental Health	\$165,710
Asthma	\$25,960
Environmental Health Activities	\$139,750
Infectious Diseases	\$4,889,725
All Other Emerging and Zoonotic Infectious Diseases	\$80,000
Emerging Infectious Diseases	\$4,477
Food Safety	\$25,531
HIV/AIDS, Research and Domestic	\$1,980,464
Immunization Programs	\$1,561,767
Influenza	\$196,345
Sexually Transmitted Diseases	\$434,606
Tuberculosis	\$213,427
Vector-borne Disease	\$300,000
Viral Hepatitis	\$93,108
Injury Prevention and Control	\$505,180
Intentional Injury	\$247,487
Unintentional Injury	\$257,693
Prevention and Public Health Fund/Other ACA Funds	\$3,772,159
Breast and Cervical Cancer Program	\$195,125
Community Transformation Grants	\$510,199
Comprehensive Chronic Disease Prevention	\$725,753
Epidemiology and Laboratory Capacity Program	\$477,139
Healthcare Associated Infections	\$100,008
Healthcare Surveillance	\$147,907
Immunization Programs	\$835,028
Public Health Infrastructure	\$657,600
Tobacco	\$123,400
Preventive Health and Health Services Block Grant	\$1,420,833
Public Health Service Block Grants	\$1,420,833
Public Health and Social Services Emergency Fund	\$17,061
Public Health and Social Services Emergency Fund	\$17,061
Public Health Preparedness and Emergency Response	\$5,577,004
BioSense	\$268,200
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$5,308,804
Vaccines For Children	\$16,952,107
Vaccines For Children	\$16,952,107
Grand Total	\$42,124,937

Page 115 Nebraska





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and

Page 116 Nebraska





- (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 117 Nebraska





### Nevada

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Nevada. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,758,931

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$649,254	1.1%
Chronic Disease Prevention and Health Promotion	\$5,848,681	10.0%
Environmental Health	\$10,000	0.0%
Infectious Diseases	\$6,511,492	11.1%
Injury Prevention and Control	\$239,949	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$7,040,676	12.0%
Preventive Health and Health Services Block Grant	\$433,937	0.7%
Public Health and Social Services Emergency Fund	\$7,379	0.0%
Public Health Preparedness and Emergency Response	\$6,973,184	11.9%
Vaccines For Children	\$31,064,665	52.8%
Grand Total	\$58,779,217	100.0%

### CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT

Birth Defects and Developmental Disabilities	\$649,254
Child Health and Development	\$516,269
Health and Development with Disabilities	\$132,985
Chronic Disease Prevention and Health Promotion	\$5,848,681
Cancer Prevention and Control	\$3,872,799
Diabetes	\$343,299
Nutrition, Physical Activity and Obesity	\$5,000
Oral Health	\$775,000
Tobacco	\$852,583
Environmental Health	\$10,000
Asthma	\$10,000
Infectious Diseases	\$6,511,492
Emerging Infectious Diseases	\$13,586
Food Safety	\$108,656

Page 118 Nevada





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
HIV/AIDS, Research and Domestic	\$3,055,266
Immunization Programs	\$1,675,666
Influenza	\$229,852
Sexually Transmitted Diseases	\$692,485
Tuberculosis	\$560,518
Vector-borne Disease	\$119,248
Viral Hepatitis	\$56,215
Injury Prevention and Control	\$239,949
Intentional Injury	\$239,949
Prevention and Public Health Fund/Other ACA Funds	\$7,040,676
Breast and Cervical Cancer Program	\$163,179
Community Transformation Grants	\$2,433,159
Epidemiology and Laboratory Capacity Program	\$635,389
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$84,800
Immunization Programs	\$3,091,488
Public Health Infrastructure	\$300,000
Tobacco	\$227,661
Preventive Health and Health Services Block Grant	\$433,937
Public Health Service Block Grants	\$433,937
Public Health and Social Services Emergency Fund	\$7,379
Public Health and Social Services Emergency Fund	\$7,379
Public Health Preparedness and Emergency Response	\$6,973,184
BioSense	\$281,416
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$6,691,768
Vaccines For Children	\$31,064,665
Vaccines For Children	\$31,064,665
Grand Total	\$58,779,217

Page 119 Nevada





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 120 Nevada





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 121 Nevada





## **New Hampshire**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in New Hampshire. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,320,718

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$299,659	1.0%
Birth Defects and Developmental Disabilities	\$873,736	3.0%
Chronic Disease Prevention and Health Promotion	\$5,682,264	19.8%
Cross-Cutting Public Health	\$247,676	0.9%
Environmental Health	\$586,317	2.0%
Infectious Diseases	\$3,749,983	13.1%
Injury Prevention and Control	\$148,392	0.5%
Prevention and Public Health Fund/Other ACA Funds	\$2,262,252	7.9%
Preventive Health and Health Services Block Grant	\$1,044,862	3.6%
Public Health and Social Services Emergency Fund	\$14,927	0.1%
Public Health Preparedness and Emergency Response	\$5,027,392	17.5%
Vaccines For Children	\$8,713,437	30.4%
Grand Total	\$28,650,897	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$299,659
Agency for Toxic Substances and Disease Registry	\$299,659
Birth Defects and Developmental Disabilities	\$873,736
Child Health and Development	\$150,000
Health and Development with Disabilities	\$723,736
Chronic Disease Prevention and Health Promotion	\$5,682,264
Cancer Prevention and Control	\$3,547,552
Diabetes	\$292,524
Epilepsy	\$119,968
Nutrition, Physical Activity and Obesity	\$495,000
Safe Motherhood/Infant Health	\$186,584
Tobacco	\$1,040,636

Page 122 New Hampshire





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Cross-Cutting Public Health	\$247,676
Behavioral Risk Factor Surveillance System	\$247,676
Environmental Health	\$586,317
Asthma	\$336,702
Environmental Health Activities	\$249,615
Infectious Diseases	\$3,749,983
Emerging Infectious Diseases	\$122,527
Food Safety	\$158,190
HIV/AIDS, Research and Domestic	\$1,534,411
Immunization Programs	\$1,026,330
Influenza	\$205,353
Lyme Disease	\$11,675
Sexually Transmitted Diseases	\$255,684
Tuberculosis	\$229,621
Vector-borne Disease	\$100,000
Viral Hepatitis	\$106,192
Injury Prevention and Control	\$148,392
Intentional Injury	\$148,392
Prevention and Public Health Fund/Other ACA Funds	\$2,262,252
Breast and Cervical Cancer Program	\$102,732
Environmental Public Health Tracking	\$715,892
Epidemiology and Laboratory Capacity Program	\$356,862
Healthcare Associated Infections	\$72,235
Healthcare Surveillance	\$66,250
Immunization Programs	\$307,405
Prevention Research Centers	\$300,000
Public Health Infrastructure	\$250,000
Tobacco	\$90,876
Preventive Health and Health Services Block Grant	\$1,044,862
Public Health Service Block Grants	\$1,044,862
Public Health and Social Services Emergency Fund	\$14,927
Public Health and Social Services Emergency Fund	\$14,927
Public Health Preparedness and Emergency Response	\$5,027,392
BioSense	\$150,275
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$4,877,117
Vaccines For Children	\$8,713,437
Vaccines For Children	\$8,713,437
Grand Total	\$28,650,897

Page 123 New Hampshire





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 124 New Hampshire





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 125 New Hampshire





## **New Jersey**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in New Jersey. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 8,864,590

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$524,292	0.4%
Birth Defects and Developmental Disabilities	\$7,111,696	4.9%
Chronic Disease Prevention and Health Promotion	\$7,837,916	5.4%
Environmental Health	\$369,680	0.3%
Infectious Diseases	\$38,021,629	26.2%
Injury Prevention and Control	\$1,352,716	0.9%
Prevention and Public Health Fund/Other ACA Funds	\$3,511,714	2.4%
Preventive Health and Health Services Block Grant	\$2,166,732	1.5%
Public Health and Social Services Emergency Fund	\$30,066	0.0%
Public Health Preparedness and Emergency Response	\$16,195,847	11.2%
Vaccines For Children	\$65,995,028	45.5%
World Trade Center Health Program	\$1,807,899	1.2%
Grand Total	\$144,925,215	100.0%

CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Agency for Toxic Substances and Disease Registry	\$524,292
Agency for Toxic Substances and Disease Registry	\$524,292
Birth Defects and Developmental Disabilities	\$7,111,696
Child Health and Development	\$780,001
Health and Development with Disabilities	\$6,331,695
Chronic Disease Prevention and Health Promotion	\$7,837,916
Cancer Prevention and Control	\$4,365,112
Diabetes	\$428,049
Heart Disease and Stroke	\$276,094
Nutrition, Physical Activity and Obesity	\$859,072
Racial and Ethnic Approach to Community Health (REACH)	\$139,239
Safe Motherhood/Infant Health	\$198,016
School Health	\$297,500

Page 126 New Jersey





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tobacco	\$1,274,834
Environmental Health	\$369,680
Asthma	\$369,680
Infectious Diseases	\$38,021,629
All Other Emerging and Zoonotic Infectious Diseases	\$80,861
Emerging Infectious Diseases	\$69,735
Food Safety	\$99,038
HIV/AIDS, Research and Domestic	\$24,993,878
Immunization Programs	\$5,373,319
Influenza	\$585,983
Lyme Disease	\$42,768
National Health Safety Network	\$180,001
Quarantine	\$17,750
Sexually Transmitted Diseases	\$3,057,740
Tuberculosis	\$3,289,310
Vector-borne Disease	\$139,767
Viral Hepatitis	\$91,479
Injury Prevention and Control	\$1,352,716
Intentional Injury	\$1,254,452
National Violent Death Reporting System	\$98,264
Prevention and Public Health Fund/Other ACA Funds	\$3,511,714
Breast and Cervical Cancer Program	\$218,368
Community Transformation Grants	\$500,000
Environmental Public Health Tracking	\$795,691
Epidemiology and Laboratory Capacity Program	\$348,972
Healthcare Associated Infections	\$33,934
Healthcare Surveillance	\$155,000
Public Health Infrastructure	\$950,791
Tobacco	\$508,958
Preventive Health and Health Services Block Grant	\$2,166,732
Public Health Service Block Grants	\$2,166,732
Public Health and Social Services Emergency Fund	\$30,066
Public Health and Social Services Emergency Fund	\$30,066
Public Health Preparedness and Emergency Response	\$16,195,847
BioSense	\$184,275
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$16,011,572
Vaccines For Children	\$65,995,028
Vaccines For Children	\$65,995,028
World Trade Center Health Program	\$1,807,899
World Trade Center	\$1,807,899
Grand Total	\$144,925,215

Page 127 New Jersey





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 128 New Jersey





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 129 New Jersey





### **New Mexico**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in New Mexico. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,085,538

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$1,000,000	1.4%
Birth Defects and Developmental Disabilities	\$130,144	0.2%
Chronic Disease Prevention and Health Promotion	\$6,677,254	9.5%
Cross-Cutting Public Health	\$81,849	0.1%
Environmental Health	\$539,420	0.8%
Infectious Diseases	\$7,475,812	10.6%
Injury Prevention and Control	\$398,917	0.6%
Occupational Safety and Health	\$209,730	0.3%
Prevention and Public Health Fund/Other ACA Funds	\$11,230,472	16.0%
Preventive Health and Health Services Block Grant	\$1,242,728	1.8%
Public Health and Social Services Emergency Fund	\$22,897	0.0%
Public Health Preparedness and Emergency Response	\$6,848,172	9.7%
Vaccines For Children	\$34,392,966	49.0%
Grand Total	\$70,250,361	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$1,000,000
Agency for Toxic Substances and Disease Registry	\$1,000,000
Birth Defects and Developmental Disabilities	\$130,144
Health and Development with Disabilities	\$130,144
Chronic Disease Prevention and Health Promotion	\$6,677,254
Cancer Prevention and Control	\$4,198,584
Diabetes	\$379,317
Excessive Alcohol Use	\$109,579
Nutrition, Physical Activity and Obesity	\$611,602
Safe Motherhood/Infant Health	\$223,825
Tobacco	\$1.154.347

Page 130 New Mexico





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Cross-Cutting Public Health	\$81,849
Behavioral Risk Factor Surveillance System	\$81,849
Environmental Health	\$539,420
Asthma	\$469,420
Environmental Health Activities	\$70,000
Infectious Diseases	
	\$7,475,812
All Other Emerging and Zoonotic Infectious Diseases	\$212,726
Emerging Infectious Diseases	\$548,618
Food Safety	\$249,104
HIV/AIDS, Research and Domestic	\$2,857,511
Immunization Programs	\$1,766,134
Influenza	\$419,817
National Health Safety Network	\$87,382
Quarantine	\$96,601
Sexually Transmitted Diseases	\$542,764
Tuberculosis	\$354,177
Vector-borne Disease	\$150,000
Viral Hepatitis	\$190,978
Injury Prevention and Control	\$398,917
Intentional Injury	\$218,429
National Violent Death Reporting System	\$180,488
Occupational Safety and Health	\$209,730
Occupational Safety and Health	\$209,730
Prevention and Public Health Fund/Other ACA Funds	\$11,230,472
Breast and Cervical Cancer Program	\$228,557
Community Transformation Grants	\$1,817,353
Environmental Public Health Tracking	\$1,100,000
Epidemiology and Laboratory Capacity Program	\$603,587
Healthcare Associated Infections	\$323,495
Healthcare Surveillance	\$96,744
Immunization Programs	\$3,183,674
Prevention Research Centers	\$615,000
Public Health Infrastructure	\$300,000
Racial and Ethnic Approach to Community Health	\$2,962,062
Preventive Health and Health Services Block Grant	\$1,242,728
Public Health Service Block Grants	\$1,242,728
Public Health and Social Services Emergency Fund	\$22,897
Public Health and Social Services Emergency Fund	\$22,897
Public Health Preparedness and Emergency Response	\$6,848,172
BioSense	\$262,995
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$6,585,177

Page 131 New Mexico





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Vaccines For Children

\$34,392,966

Vaccines For Children

\$34,392,966

**Grand Total** \$70,250,361

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

 Funding Data - CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)

Page 132 New Mexico





- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 133 New Mexico





### **New York**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in New York. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 19,570,261

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$872,102	0.2%
Birth Defects and Developmental Disabilities	\$5,340,261	1.2%
Chronic Disease Prevention and Health Promotion	\$27,190,337	5.9%
Cross-Cutting Public Health	\$1,792,965	0.4%
Environmental Health	\$2,732,799	0.6%
Infectious Diseases	\$130,854,338	28.2%
Injury Prevention and Control	\$7,263,941	1.6%
Occupational Safety and Health	\$1,707,885	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$29,056,631	6.3%
Preventive Health and Health Services Block Grant	\$5,302,704	1.1%
Public Health and Social Services Emergency Fund	\$371,092	0.1%
Public Health Preparedness and Emergency Response	\$39,281,130	8.5%
Vaccines For Children	\$197,975,096	42.7%
World Trade Center Health Program	\$13,787,852	3.0%
Grand Total	\$463,529,133	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$872,102
Agency for Toxic Substances and Disease Registry	\$872,102
Birth Defects and Developmental Disabilities	\$5,340,261
Child Health and Development	\$1,451,977
Health and Development with Disabilities	\$2,838,284
Public Health Approach to Blood Disorders	\$1,050,000
Chronic Disease Prevention and Health Promotion	\$27,190,337
All Other	\$450,000
Arthritis	\$450,000
Cancer Prevention and Control	\$14,896,171

Page 134 New York





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Community Health Promotion	\$199,886
Diabetes	\$959,224
Epilepsy	\$424,160
Heart Disease and Stroke	\$2,396,796
National Lupus Patient Registry	\$1,739,338
Nutrition, Physical Activity and Obesity	\$1,198,158
Oral Health	\$312,489
Prevention Research Centers	\$642,561
Safe Motherhood/Infant Health	\$1,353,596
School Health	\$294,000
Tobacco	\$1,873,958
Cross-Cutting Public Health	\$1,792,965
Behavioral Risk Factor Surveillance System	\$117,250
Public Health Workforce and Career Development	\$1,675,715
Environmental Health	\$2,732,799
All Other	\$538,633
Asthma	\$625,716
Environmental Health Activities	\$568,450
Environmental Health Laboratory	\$1,000,000
Infectious Diseases	\$130,854,338
All Other Emerging and Zoonotic Infectious Diseases	\$405,932
Emerging Infectious Diseases	\$1,876,051
Food Safety	\$844,962
HIV/AIDS, Research and Domestic	\$92,212,621
Immunization Programs	\$14,986,535
Influenza	\$1,951,621
Lyme Disease	\$1,006,444
National Health Safety Network	\$331,744
Prion Disease	\$86,616
Quarantine	\$188,000
Sexually Transmitted Diseases	\$8,606,410
Tuberculosis	\$6,321,681
Vector-borne Disease	\$600,001
Viral Hepatitis	\$1,435,720
Injury Prevention and Control	\$7,263,941
Injury Control Research Centers	\$2,509,560
Intentional Injury	\$3,861,567
Unintentional Injury	\$892,814
Occupational Safety and Health	\$1,707,885
Occupational Safety and Health	\$1,707,885
Prevention and Public Health Fund/Other ACA Funds	\$29,056,631

Page 135 New York





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Breast and Cervical Cancer Program	\$572,357
Community Transformation Grants	\$11,694,181
Comprehensive Chronic Disease Prevention	\$676,965
Environmental Public Health Tracking	\$2,199,339
Epidemiology and Laboratory Capacity Program	\$2,698,158
Healthcare Associated Infections	\$648,428
Healthcare Surveillance	\$149,612
Hospitals Promoting Breastfeeding	\$507,604
Immunization Programs	\$4,675,148
Prevention Research Centers	\$1,330,000
Public Health Infrastructure	\$1,593,621
Tobacco	\$1,218,726
Viral Hepatitis	\$1,092,492
Preventive Health and Health Services Block Grant	\$5,302,704
Public Health Service Block Grants	\$5,302,704
Public Health and Social Services Emergency Fund	\$371,092
Public Health and Social Services Emergency Fund	\$371,092
Public Health Preparedness and Emergency Response	\$39,281,130
BioSense	\$579,311
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$555,492
Preparedness (PHEP)	\$38,146,327
Vaccines For Children	\$197,975,096
Vaccines For Children	\$197,975,096
World Trade Center Health Program	\$13,787,852
World Trade Center	\$6,981,910
World Trade Center Health Program - Responder Program	\$6,805,942
Grand Total	\$463,529,133

Page 136 New York





#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 137 New York





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 138 New York





### **North Carolina**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in North Carolina. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 9,752,073

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Access for Tools Orleans and Discours Books	<b>#</b> 000 <b>7</b> 40	0.00/
Agency for Toxic Substances and Disease Registry	\$263,712	0.2%
Birth Defects and Developmental Disabilities	\$3,807,153	2.2%
Chronic Disease Prevention and Health Promotion	\$15,898,820	9.0%
Cross-Cutting Public Health	\$31,426	0.0%
Environmental Health	\$748,076	0.4%
Infectious Diseases	\$21,978,357	12.5%
Injury Prevention and Control	\$4,394,735	2.5%
Occupational Safety and Health	\$1,170,685	0.7%
Prevention and Public Health Fund/Other ACA Funds	\$11,665,577	6.6%
Preventive Health and Health Services Block Grant	\$2,079,075	1.2%
Public Health and Social Services Emergency Fund	\$15,980	0.0%
Public Health Preparedness and Emergency Response	\$16,413,342	9.3%
Vaccines For Children	\$97,230,979	55.3%
Grand Total	\$175,697,917	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT** Agency for Toxic Substances and Disease Registry \$263,712 Agency for Toxic Substances and Disease Registry \$263,712 **Birth Defects and Developmental Disabilities** \$3,807,153 Child Health and Development \$2,733,170 Health and Development with Disabilities \$573,983 Public Health Approach to Blood Disorders \$500,000 **Chronic Disease Prevention and Health Promotion** \$15,898,820 Alzheimer's Disease \$3,000 **Arthritis** \$650,000

Page 139 North Carolina





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Cancer Prevention and Control	\$7,312,302
Community Health Promotion	\$31,244
Diabetes	\$1,401,111
Epilepsy	\$425,000
Heart Disease and Stroke	\$1,445,689
Nutrition, Physical Activity and Obesity	\$693,830
Prevention Research Centers	\$666,214
Racial and Ethnic Approach to Community Health (REACH)	\$14,761
Safe Motherhood/Infant Health	\$1,046,067
School Health	\$413,732
Tobacco	\$1,795,870
Cross-Cutting Public Health	\$31,426
Behavioral Risk Factor Surveillance System	\$31,426
Environmental Health	\$748,076
Asthma	\$448,031
Environmental Health Activities	\$300,045
Infectious Diseases	\$21,978,357
All Other Emerging and Zoonotic Infectious Diseases	\$3,679
Emerging Infectious Diseases	\$471,542
Food Safety	\$134,540
HIV/AIDS, Research and Domestic	\$11,597,704
Immunization Programs	\$4,927,732
Influenza	\$428,489
Sexually Transmitted Diseases	\$2,260,196
Tuberculosis	\$1,866,622
Vector-borne Disease	\$184,598
Viral Hepatitis	\$103,255
Injury Prevention and Control	\$4,394,735
Injury Control Research Centers	\$836,521
Intentional Injury	\$2,724,370
National Violent Death Reporting System	\$249,865
Unintentional Injury	\$583,979
Occupational Safety and Health	\$1,170,685
Occupational Safety and Health	\$1,170,685
Prevention and Public Health Fund/Other ACA Funds	\$11,665,577
Breast and Cervical Cancer Program	\$254,354
Community Transformation Grants	\$7,466,092
Comprehensive Chronic Disease Prevention	\$972,749
Epidemiology and Laboratory Capacity Program	\$699,741
Healthcare Associated Infections	\$59,022
Healthcare Surveillance	\$167,951

Page 140 North Carolina





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Immunization Programs	\$56,801
Public Health Infrastructure	\$1,037,779
Tobacco	\$751,942
Viral Hepatitis	\$199,146
Preventive Health and Health Services Block Grant	\$2,079,075
Public Health Service Block Grants	\$2,079,075
Public Health and Social Services Emergency Fund	\$15,980
Public Health and Social Services Emergency Fund	\$15,980
Public Health Preparedness and Emergency Response	\$16,413,342
BioSense	\$470,735
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$709,791
Preparedness (PHEP)	\$14,732,811
Upgrading CDC Capacity	\$500,005
Vaccines For Children	\$97,230,979
Vaccines For Children	\$97,230,979
Grand Total	\$175,697,917

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

 This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.

Page 141 North Carolina





 The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 142 North Carolina





### **North Dakota**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in North Dakota. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 699,628

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$496,279	2.4%
Chronic Disease Prevention and Health Promotion	\$4,587,871	21.8%
Cross-Cutting Public Health	\$60,190	0.3%
Environmental Health	\$2,851	0.0%
Infectious Diseases	\$3,091,811	14.7%
Injury Prevention and Control	\$289,525	1.4%
Prevention and Public Health Fund/Other ACA Funds	\$2,671,792	12.7%
Preventive Health and Health Services Block Grant	\$326,483	1.6%
Public Health and Social Services Emergency Fund	\$21,190	0.1%
Public Health Preparedness and Emergency Response	\$4,106,390	19.5%
Vaccines For Children	\$5,400,742	25.7%
Grand Total	\$21,055,124	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$496,279
Health and Development with Disabilities	\$496,279
Chronic Disease Prevention and Health Promotion	\$4,587,871
Cancer Prevention and Control	\$2,084,211
Diabetes	\$344,261
Heart Disease and Stroke	\$318,246
Oral Health	\$362,561
School Health	\$324,000
Tobacco	\$1,154,592
Cross-Cutting Public Health	\$60,190
Behavioral Risk Factor Surveillance System	\$60,190
Environmental Health	\$2,851
Asthma	\$2,851

Page 143 North Dakota





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Infectious Diseases	\$3,091,811
All Other Emerging and Zoonotic Infectious Diseases	\$1,139
Emerging Infectious Diseases	\$41,776
Food Safety	\$22,361
HIV/AIDS, Research and Domestic	\$1,146,929
Immunization Programs	\$987,841
Influenza	\$167,252
Sexually Transmitted Diseases	\$200,241
Tuberculosis	\$159,325
Vector-borne Disease	\$300,000
Viral Hepatitis	\$64,947
Injury Prevention and Control	\$289,525
Intentional Injury	\$289,525
Prevention and Public Health Fund/Other ACA Funds	\$2,671,792
Breast and Cervical Cancer Program	\$93,117
Community Transformation Grants	\$370,684
Epidemiology and Laboratory Capacity Program	\$133,644
Healthcare Associated Infections	\$74,185
Healthcare Surveillance	\$130,385
Immunization Programs	\$1,869,777
Preventive Health and Health Services Block Grant	\$326,483
Public Health Service Block Grants	\$326,483
Public Health and Social Services Emergency Fund	\$21,190
Public Health and Social Services Emergency Fund	\$21,190
Public Health Preparedness and Emergency Response	\$4,106,390
BioSense	\$117,782
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$3,988,608
Vaccines For Children	\$5,400,742
Vaccines For Children	\$5,400,742
Grand Total	\$21,055,124
Grana Total	Ψ21,000,124

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and

Page 144 North Dakota





- Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards

Page 145 North Dakota





- therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 146 North Dakota





### Ohio

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Ohio. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 11,544,225

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$615,592	0.4%
Birth Defects and Developmental Disabilities	\$730,781	0.4%
Chronic Disease Prevention and Health Promotion	\$10,897,294	6.7%
Cross-Cutting Public Health	\$54,329	0.0%
Environmental Health	\$526,174	0.3%
Infectious Diseases	\$22,420,087	13.7%
Injury Prevention and Control	\$3,408,513	2.1%
Occupational Safety and Health	\$1,673,767	1.0%
Prevention and Public Health Fund/Other ACA Funds	\$8,277,518	5.1%
Preventive Health and Health Services Block Grant	\$3,496,551	2.1%
Public Health and Social Services Emergency Fund	\$23,855	0.0%
Public Health Preparedness and Emergency Response	\$18,793,103	11.5%
Vaccines For Children	\$92,603,426	56.6%
Grand Total	\$163,520,990	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$615,592
Agency for Toxic Substances and Disease Registry	\$615,592
Birth Defects and Developmental Disabilities	\$730,781
Child Health and Development	\$169,999
Health and Development with Disabilities	\$560,782
Chronic Disease Prevention and Health Promotion	\$10,897,294
Cancer Prevention and Control	\$5,775,460
Community Health Promotion	\$150,000
Diabetes	\$1,827,842

Page 147 Ohio





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Epilepsy	\$119,843
Heart Disease and Stroke	\$686,513
Nutrition, Physical Activity and Obesity	\$10,175
Safe Motherhood/Infant Health	\$509,311
School Health	\$288,313
Tobacco	\$1,529,837
Cross-Cutting Public Health	\$54,329
Behavioral Risk Factor Surveillance System	\$54,329
Environmental Health	\$526,174
All Other	\$120,000
Asthma	\$381,174
Environmental Health Activities	\$25,000
Infectious Diseases	\$22,420,087
All Other Emerging and Zoonotic Infectious Diseases	\$19,474
Emerging Infectious Diseases	\$131,592
Food Safety	\$453,978
HIV/AIDS, Research and Domestic	\$7,537,477
Immunization Programs	\$6,250,423
Influenza	\$591,906
Prion Disease	\$2,768,000
Sexually Transmitted Diseases	\$3,290,974
Tuberculosis	\$1,158,894
Vector-borne Disease	\$150,000
Viral Hepatitis	\$67,369
Injury Prevention and Control	\$3,408,513
Injury Control Research Centers	\$836,520
Intentional Injury	\$2,098,477
National Violent Death Reporting System	\$265,516
Unintentional Injury	\$208,000
Occupational Safety and Health	\$1,673,767
Occupational Safety and Health	\$1,673,767
Prevention and Public Health Fund/Other ACA Funds	\$8,277,518
Breast and Cervical Cancer Program	\$325,853
Community Guide/Community Preventive Services Task Force	\$148,904
Community Transformation Grants	\$1,893,609
Epidemiology and Laboratory Capacity Program	\$1,096,483
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$179,123
Immunization Programs	\$1,901,591
Prevention Research Centers	\$915,000
Public Health Infrastructure	\$500,000

Page 148 Ohio





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Tobacco	\$1,038,629
Viral Hepatitis	\$173,326
Preventive Health and Health Services Block Grant	\$3,496,551
Public Health Service Block Grants	\$3,496,551
Public Health and Social Services Emergency Fund	\$23,855
Public Health and Social Services Emergency Fund	\$23,855
Public Health Preparedness and Emergency Response	\$18,793,103
BioSense	\$263,694
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$18,529,409
Vaccines For Children	\$92,603,426
Vaccines For Children	\$92,603,426
Grand Total	\$163,520,990

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and

Page 149 Ohio





Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 150 Ohio





### Oklahoma

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Oklahoma. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 3,814,820

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$627,750	0.7%
Chronic Disease Prevention and Health Promotion	\$7,181,901	8.5%
Cross-Cutting Public Health	\$93,040	0.1%
Environmental Health	\$306,272	0.4%
Infectious Diseases	\$8,043,776	9.5%
Injury Prevention and Control	\$930,579	1.1%
Occupational Safety and Health	\$72,184	0.1%
Prevention and Public Health Fund/Other ACA Funds	\$4,701,680	5.5%
Preventive Health and Health Services Block Grant	\$914,024	1.1%
Public Health and Social Services Emergency Fund	\$8,757	0.0%
Public Health Preparedness and Emergency Response	\$8,173,184	9.6%
Vaccines For Children	\$53,760,227	63.4%
Grand Total	\$84,813,374	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$627,750
Child Health and Development	\$175,000
Health and Development with Disabilities	\$152,750
Public Health Approach to Blood Disorders	\$300,000
Chronic Disease Prevention and Health Promotion	\$7,181,901
Cancer Prevention and Control	\$4,019,540
Diabetes	\$836,000
Heart Disease and Stroke	\$349,028
Nutrition, Physical Activity and Obesity	\$30,727
Prevention Research Centers	\$24,673
Safe Motherhood/Infant Health	\$145,093
Tobacco	\$1,776,840

Page 151 Oklahoma





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Cross-Cutting Public Health	\$93,040
Behavioral Risk Factor Surveillance System	\$93,040
Environmental Health	\$306,272
Asthma	\$306,272
Infectious Diseases	\$8,043,776
All Other Emerging and Zoonotic Infectious Diseases	\$1,353
Emerging Infectious Diseases	\$19,666
Food Safety	\$86,680
HIV/AIDS, Research and Domestic	\$3,101,145
Immunization Programs	\$2,845,716
Influenza	\$235,874
Sexually Transmitted Diseases	\$890,644
Tuberculosis	\$716,068
Vector-borne Disease	\$100,001
Viral Hepatitis	\$46,629
Injury Prevention and Control	\$930,579
Intentional Injury	\$456,351
National Violent Death Reporting System	\$201,488
Unintentional Injury	\$272,740
Occupational Safety and Health	\$72,184
Occupational Safety and Health	\$72,184
Prevention and Public Health Fund/Other ACA Funds	\$4,701,680
Community Transformation Grants	\$2,665,299
Epidemiology and Laboratory Capacity Program	\$301,721
Healthcare Associated Infections	\$81,617
Healthcare Surveillance	\$143,856
Immunization Programs	\$15,833
Public Health Infrastructure	\$1,143,662
Tobacco	\$349,692
Preventive Health and Health Services Block Grant	\$914,024
Public Health Service Block Grants	\$914,024
Public Health and Social Services Emergency Fund	\$8,757
Public Health and Social Services Emergency Fund	\$8,757
Public Health Preparedness and Emergency Response	\$8,173,184
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$277,746
Preparedness (PHEP)	\$7,895,438
Vaccines For Children	\$53,760,227
Vaccines For Children	\$53,760,227
Grand Total	\$84,813,374

Page 152 Oklahoma

FY2012



#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct
  assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

Page 153 Oklahoma





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 154 Oklahoma





### **Oregon**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Oregon. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 3,899,353

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$482,166	0.6%
Birth Defects and Developmental Disabilities	\$632,058	0.8%
Chronic Disease Prevention and Health Promotion	\$8,839,915	11.5%
Cross-Cutting Public Health	\$50,000	0.1%
Environmental Health	\$1,122,574	1.5%
Infectious Diseases	\$12,913,479	16.8%
Injury Prevention and Control	\$1,364,156	1.8%
Occupational Safety and Health	\$1,173,986	1.5%
Prevention and Public Health Fund/Other ACA Funds	\$10,901,745	14.2%
Preventive Health and Health Services Block Grant	\$784,043	1.0%
Public Health and Social Services Emergency Fund	\$23,778	0.0%
Public Health Preparedness and Emergency Response	\$8,234,517	10.7%
Vaccines For Children	\$30,138,595	39.3%
Grand Total	\$76,661,012	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$482,166
Agency for Toxic Substances and Disease Registry	\$482,166
Birth Defects and Developmental Disabilities	\$632,058
Health and Development with Disabilities	\$632,058
Chronic Disease Prevention and Health Promotion	\$8,839,915
Arthritis	\$460,000
Cancer Prevention and Control	\$5,955,751
Diabetes	\$797,756
Heart Disease and Stroke	\$342,103
Safe Motherhood/Infant Health	\$189,964
Tobacco	\$1,094,341
Cross-Cutting Public Health	\$50,000

Page 155 Oregon





CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Behavioral Risk Factor Surveillance System		\$50,000
Environmental Health		\$1,122,574
Asthma		\$561,514
Environmental Health Activities		\$561,060
Infectious Diseases		\$12,913,479
All Other Emerging and Zoonotic Infectious Diseases		\$578,101
Emerging Infectious Diseases		\$1,177,014
Food Safety		\$441,915
HIV/AIDS, Research and Domestic		\$4,461,848
Immunization Programs		\$3,537,925
Influenza		\$504,232
National Health Safety Network		\$54,899
Sexually Transmitted Diseases		\$988,916
Tuberculosis		\$592,897
Vector-borne Disease		\$100,000
Viral Hepatitis		\$475,732
Injury Prevention and Control		\$1,364,156
Intentional Injury		\$677,839
National Violent Death Reporting System		\$193,342
Unintentional Injury		\$492,975
Occupational Safety and Health		\$1,173,986
Occupational Safety and Health		\$1,173,986
Prevention and Public Health Fund/Other ACA Funds		\$10,901,745
Breast and Cervical Cancer Program		\$155,429
Community Transformation Grants		\$2,156,234
Environmental Public Health Tracking		\$1,100,000
Epidemiology and Laboratory Capacity Program		\$759,430
Healthcare Associated Infections		\$508,417
Healthcare Surveillance		\$164,663
Immunization Programs		\$3,964,088
Prevention Research Centers		\$615,000
Public Health Infrastructure		\$1,143,660
Tobacco		\$234,824
Viral Hepatitis		\$100,000
Preventive Health and Health Services Block Grant		\$784,043
Public Health Service Block Grants		\$784,043
Public Health and Social Services Emergency Fund		\$23,778
Public Health and Social Services Emergency Fund		\$23,778
Public Health Preparedness and Emergency Response		\$8,234,517
BioSense	-margana)	\$93,220
Hospital Preparedness Program (HPP) and Public Health E Preparedness (PHEP)	imergency	\$8,141,297
i iopaioanoso (i i iEi )		ψυ, ι τ ι, 231

Page 156 Oregon





CATEGORY OBLIGATED AMOUNT PERCENTAGE

Vaccines For Children \$30,138,595

Vaccines For Children \$30,138,595

Grand Total \$76,661,012

## About The Data Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 157 Oregon





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 158 Oregon





### **Pennsylvania**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Pennsylvania. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 12,763,536

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$455,685	0.2%
Birth Defects and Developmental Disabilities	\$1,419,288	0.7%
Chronic Disease Prevention and Health Promotion	\$11,415,151	5.8%
Environmental Health	\$424,946	0.2%
Infectious Diseases	\$38,282,491	19.5%
Injury Prevention and Control	\$3,421,450	1.7%
Occupational Safety and Health	\$1,771,495	0.9%
Prevention and Public Health Fund/Other ACA Funds	\$8,898,934	4.5%
Preventive Health and Health Services Block Grant	\$3,597,270	1.8%
Public Health and Social Services Emergency Fund	\$1,120,893	0.6%
Public Health Preparedness and Emergency Response	\$20,208,337	10.3%
Vaccines For Children	\$105,633,196	53.7%
Grand Total	\$196,649,136	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$455,685
Agency for Toxic Substances and Disease Registry	\$455,685
Birth Defects and Developmental Disabilities	\$1,419,288
Child Health and Development	\$1,290,000
Health and Development with Disabilities	\$129,288
Chronic Disease Prevention and Health Promotion	\$11,415,151
Arthritis	\$430,000
Cancer Prevention and Control	\$6,130,677
Diabetes	\$521,086
Glaucoma	\$949,950
Nutrition, Physical Activity and Obesity	\$645,000
Prevention Research Centers	\$615,000
Safe Motherhood/Infant Health	\$584,828

Page 159 Pennsylvania





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Tobacco	\$1,288,610
Vision Screening Education	\$250,000
Environmental Health	\$424,946
Asthma	\$424,946
Infectious Diseases	\$38,282,491
All Other Emerging and Zoonotic Infectious Diseases	\$120,540
Emerging Infectious Diseases	\$718,136
Food Safety	\$186,671
HIV/AIDS, Research and Domestic	\$20,931,900
Immunization Programs	\$7,299,089
Influenza	\$1,987,327
Lyme Disease	\$39,328
Quarantine	\$100,000
Sexually Transmitted Diseases	\$5,359,005
Tuberculosis	\$1,155,112
Vector-borne Disease	\$200,000
Viral Hepatitis	\$185,383
Injury Prevention and Control	\$3,421,450
Intentional Injury	\$3,213,450
Unintentional Injury	\$208,000
Occupational Safety and Health	\$1,771,495
Occupational Safety and Health	\$1,771,495
Prevention and Public Health Fund/Other ACA Funds	\$8,898,934
Breast and Cervical Cancer Program	\$198,835
Community Transformation Grants	\$1,780,874
Environmental Public Health Tracking	\$815,858
Epidemiology and Laboratory Capacity Program	\$1,415,659
Immunization Programs	\$2,386,264
Public Health Infrastructure	\$1,164,213
Tobacco	\$957,231
Viral Hepatitis	\$180,000
Preventive Health and Health Services Block Grant	\$3,597,270
Public Health Service Block Grants	\$3,597,270
Public Health and Social Services Emergency Fund	\$1,120,893
Public Health and Social Services Emergency Fund	\$1,120,893
Public Health Preparedness and Emergency Response	\$20,208,337
BioSense	\$222,102
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$432,050
Preparedness (PHEP)	\$19,554,185
Vaccines For Children	\$105,633,196
Vaccines For Children	\$105,633,196
	4.55,555,100

Page 160 Pennsylvania





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Grand Total \$196,649,136

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

Page 161 Pennsylvania





#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 162 Pennsylvania





### **Rhode Island**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Rhode Island. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,050,292

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$855,738	2.7%
Chronic Disease Prevention and Health Promotion	\$5,162,772	16.2%
Cross-Cutting Public Health	\$25,000	0.1%
Environmental Health	\$973,879	3.0%
Infectious Diseases	\$5,141,252	16.1%
Injury Prevention and Control	\$937,236	2.9%
Prevention and Public Health Fund/Other ACA Funds	\$2,731,948	8.5%
Preventive Health and Health Services Block Grant	\$352,843	1.1%
Public Health and Social Services Emergency Fund	\$32,267	0.1%
Public Health Preparedness and Emergency Response	\$4,572,316	14.3%
Vaccines For Children	\$11,175,363	35.0%
Grand Total	\$31,960,614	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$855,738
Child Health and Development	\$199,738
Health and Development with Disabilities	\$656,000
Chronic Disease Prevention and Health Promotion	\$5,162,772
Arthritis	\$219,532
Cancer Prevention and Control	\$2,193,807
Diabetes	\$757,903
Heart Disease and Stroke	\$410,825
Oral Health	\$308,998
Safe Motherhood/Infant Health	\$120,542
Tobacco	\$1,151,165
Cross-Cutting Public Health	\$25,000
Behavioral Risk Factor Surveillance System	\$25,000

Page 163 Rhode Island





Environmental Health \$973,	
Ziiviioiiiioittai rioattii	879
All Other \$174,	899
Asthma \$548,	980
Environmental Health Activities \$250,	000
Infectious Diseases \$5,141,	252
All Other Emerging and Zoonotic Infectious Diseases \$	955
Emerging Infectious Diseases \$46,	943
Food Safety \$61,	868
HIV/AIDS, Research and Domestic \$2,567,	044
Immunization Programs \$934,	913
Influenza \$311,	613
Lyme Disease \$333,	422
Sexually Transmitted Diseases \$404,	025
Tuberculosis \$320,	815
Vector-borne Disease \$100,	000
Viral Hepatitis \$59,	654
Injury Prevention and Control \$937,3	236
Intentional Injury \$402,3	380
National Violent Death Reporting System \$127,	038
Unintentional Injury \$407,	818
Prevention and Public Health Fund/Other ACA Funds \$2,731,	948
Breast and Cervical Cancer Program \$107,9	906
Comprehensive Chronic Disease Prevention \$821,	457
Epidemiology and Laboratory Capacity Program \$404,	622
Healthcare Associated Infections \$69,8	872
Healthcare Surveillance \$125,	560
Immunization Programs \$884,5	333
Public Health Infrastructure \$250,0	000
Tobacco \$68,	198
Preventive Health and Health Services Block Grant \$352,	843
Public Health Service Block Grants \$352,8	843
Public Health and Social Services Emergency Fund \$32,3	267
Public Health and Social Services Emergency Fund \$32,3	267
Public Health Preparedness and Emergency Response \$4,572,	316
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) \$4,572,	216
Vaccines For Children \$11,175,	
Vaccines For Children \$11,175,	
Grand Total \$31,960,	

Page 164 Rhode Island

FY2012



#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct
  assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

• These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories

Page 165 Rhode Island





apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.

- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 166 Rhode Island





### **South Carolina**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in South Carolina. Refer to the "About the Data" section below for important qualifying statements about the data..

**2012 Population Estimate:** 4,723,723

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$30,000	0.0%
Birth Defects and Developmental Disabilities	\$2,719,810	2.7%
Chronic Disease Prevention and Health Promotion	\$11,601,978	11.5%
Cross-Cutting Public Health	\$52,894	0.1%
Environmental Health	\$62,270	0.1%
Infectious Diseases	\$15,420,297	15.3%
Injury Prevention and Control	\$691,211	0.7%
Prevention and Public Health Fund/Other ACA Funds	\$8,970,185	8.9%
Preventive Health and Health Services Block Grant	\$935,133	0.9%
Public Health and Social Services Emergency Fund	\$30,427	0.0%
Public Health Preparedness and Emergency Response	\$9,759,459	9.7%
Vaccines For Children	\$50,481,991	50.1%
Grand Total	\$100,755,655	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$30,000
Agency for Toxic Substances and Disease Registry	\$30,000
Birth Defects and Developmental Disabilities	\$2,719,810
Child Health and Development	\$727,828
Health and Development with Disabilities	\$1,842,183
Public Health Approach to Blood Disorders	\$149,799
Chronic Disease Prevention and Health Promotion	\$11,601,978
Alzheimer's Disease	\$1,500
Arthritis	\$475,000
Cancer Prevention and Control	\$5,257,217
Diabetes	\$762,914
Epilepsy	\$425,000

Page 167 South Carolina





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Heart Disease and Stroke	\$1,288,103
Nutrition, Physical Activity and Obesity	\$260,000
Oral Health	\$351,720
Prevention Research Centers	\$683,100
Safe Motherhood/Infant Health	\$132,167
School Health	\$372,476
Tobacco	\$1,592,781
Cross-Cutting Public Health	\$52,894
Behavioral Risk Factor Surveillance System	\$52,894
Environmental Health	\$62,270
Environmental Health Activities	\$47,270
Environmental Health Laboratory	\$15,000
Infectious Diseases	\$15,420,297
All Other Emerging and Zoonotic Infectious Diseases	\$1,709
Emerging Infectious Diseases	\$199,451
Food Safety	\$197,101
HIV/AIDS, Research and Domestic	\$8,649,984
Immunization Programs	\$3,418,032
Influenza	\$357,388
Sexually Transmitted Diseases	\$1,134,063
Tuberculosis	\$1,292,727
Vector-borne Disease	\$100,000
Viral Hepatitis	\$69,842
Injury Prevention and Control	\$691, <b>2</b> 11
Intentional Injury	\$481,759
National Violent Death Reporting System	\$209,452
Prevention and Public Health Fund/Other ACA Funds	\$8,970,185
Breast and Cervical Cancer Program	\$216,074
Community Transformation Grants	\$5,978,984
Comprehensive Chronic Disease Prevention	\$776,304
Environmental Public Health Tracking	\$809,827
Epidemiology and Laboratory Capacity Program	\$478,064
Healthcare Associated Infections	\$160,888
Healthcare Surveillance	\$149,079
Immunization Programs	\$965
Public Health Infrastructure	\$300,000
Viral Hepatitis	\$100,000
Preventive Health and Health Services Block Grant	\$935,133
Public Health Service Block Grants	\$935,133
Public Health and Social Services Emergency Fund	\$30,427
Public Health and Social Services Emergency Fund	\$30,427

Page 168 South Carolina





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Public Health Preparedness and Emergency Response

\$9,759,459

Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)

\$9,759,459

**Vaccines For Children** 

\$50,481,991

Vaccines For Children

\$50,481,991

Grand Total \$100,755,655

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

Page 169 South Carolina





- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 170 South Carolina





### **South Dakota**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in South Dakota. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 833,354

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$138,972	0.6%
Chronic Disease Prevention and Health Promotion	\$5,650,030	23.2%
Cross-Cutting Public Health	\$8,778	0.0%
Infectious Diseases	\$3,378,375	13.8%
Injury Prevention and Control	\$219,443	0.9%
Prevention and Public Health Fund/Other ACA Funds	\$1,527,999	6.3%
Preventive Health and Health Services Block Grant	\$176,627	0.7%
Public Health and Social Services Emergency Fund	\$16,989	0.1%
Public Health Preparedness and Emergency Response	\$4,084,764	16.7%
Vaccines For Children	\$9,194,770	37.7%
Grand Total	\$24,396,747	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$138,972
Health and Development with Disabilities	\$138,972
Chronic Disease Prevention and Health Promotion	\$5,650,030
Cancer Prevention and Control	\$3,565,363
Diabetes	\$256,442
School Health	\$382,500
Tobacco	\$1,445,725
Cross-Cutting Public Health	\$8,778
Behavioral Risk Factor Surveillance System	\$8,778
Infectious Diseases	\$3,378,375
All Other Emerging and Zoonotic Infectious Diseases	\$1,177
Emerging Infectious Diseases	\$18,420
Food Safety	\$36,286
HIV/AIDS, Research and Domestic	\$1,371,666
Immunization Programs	\$1,088,717

Page 171 South Dakota





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
nfluenza	\$144,101
Sexually Transmitted Diseases	\$266,457
Tuberculosis	\$201,551
Vector-borne Disease	\$250,000
Injury Prevention and Control	\$219,443
Intentional Injury	\$90,641
Unintentional Injury	\$128,802
Prevention and Public Health Fund/Other ACA Funds	\$1,527,999
Breast and Cervical Cancer Program	\$63,606
Community Transformation Grants	\$812,383
Epidemiology and Laboratory Capacity Program	\$582,588
Healthcare Associated Infections	\$69,422
Preventive Health and Health Services Block Grant	\$176,627
Public Health Service Block Grants	\$176,627
Public Health and Social Services Emergency Fund	\$16,989
Public Health and Social Services Emergency Fund	\$16,989
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$4,084,764
Preparedness (PHEP)	\$4,084,764
Vaccines For Children	\$9,194,770
Vaccines For Children	\$9,194,770
Grand Total	\$24,396,747

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

Page 172 South Dakota





• The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

Page 173 South Dakota





#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 174 South Dakota





### **Tennessee**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Tennessee. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,456,243

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$205,360	0.2%
Birth Defects and Developmental Disabilities	\$1,614,220	1.5%
Chronic Disease Prevention and Health Promotion	\$4,535,979	4.1%
Environmental Health	\$350,001	0.3%
Infectious Diseases	\$19,227,896	17.4%
Injury Prevention and Control	\$930,851	0.8%
Occupational Safety and Health	\$169,483	0.2%
Prevention and Public Health Fund/Other ACA Funds	\$3,470,607	3.1%
Preventive Health and Health Services Block Grant	\$1,235,680	1.1%
Public Health and Social Services Emergency Fund	\$52,113	0.0%
Public Health Preparedness and Emergency Response	\$11,195,905	10.1%
Vaccines For Children	\$67,519,299	61.1%
Grand Total	\$110,507,394	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$205,360
Agency for Toxic Substances and Disease Registry	\$205,360
Birth Defects and Developmental Disabilities	\$1,614,220
Child Health and Development	\$457,347
Health and Development with Disabilities	\$1,156,873
Chronic Disease Prevention and Health Promotion	\$4,535,979
Cancer Prevention and Control	\$2,397,975
Diabetes	\$211,767
Heart Disease and Stroke	\$306,284
Nutrition, Physical Activity and Obesity	\$276,826

Page 175 Tennessee





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Safe Motherhood/Infant Health	\$120,542
Tobacco	\$1,222,585
Environmental Health	\$350,001
All Other	\$275,001
Environmental Health Activities	\$75,000
Infectious Diseases	\$19,227,896
All Other Emerging and Zoonotic Infectious Diseases	\$534,516
Emerging Infectious Diseases	\$1,484,234
Food Safety	\$423,316
HIV/AIDS, Research and Domestic	\$7,471,489
Immunization Programs	\$4,209,971
Influenza	\$834,850
National Health Safety Network	\$115,634
Sexually Transmitted Diseases	\$2,253,107
Tuberculosis	\$1,463,728
Vector-borne Disease	\$200,000
Viral Hepatitis	\$237,051
Injury Prevention and Control	\$930,851
Intentional Injury	\$725,165
Unintentional Injury	\$205,686
Occupational Safety and Health	\$169,483
Occupational Safety and Health	\$169,483
Prevention and Public Health Fund/Other ACA Funds	\$3,470,607
Breast and Cervical Cancer Program	\$162,491
Epidemiology and Laboratory Capacity Program	\$414,771
Healthcare Associated Infections	\$266,887
Healthcare Surveillance	\$43,944
Immunization Programs	\$1,314,628
Public Health Infrastructure	\$757,600
Tobacco	\$510,286
Preventive Health and Health Services Block Grant	\$1,235,680
Public Health Service Block Grants	\$1,235,680
Public Health and Social Services Emergency Fund	\$52,113
Public Health and Social Services Emergency Fund	\$52,113
Public Health Preparedness and Emergency Response	\$11,195,905
BioSense	\$212,620
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$10,983,285
Vaccines For Children	\$67,519,299
Vaccines For Children  Vaccines For Children	\$67,519,299
Vaccines for children	Ф07,519,299

Page 176 Tennessee





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Grand Total \$110,507,394

#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

Page 177 Tennessee





- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 178 Tennessee





### **Texas**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Texas. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 26,059,203

Timeframe: 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$341,070	0.1%
Birth Defects and Developmental Disabilities	\$1,091,352	0.2%
Chronic Disease Prevention and Health Promotion	\$16,332,815	3.1%
Cross-Cutting Public Health	\$142,250	0.0%
Environmental Health	\$492,057	0.1%
Infectious Diseases	\$76,662,341	14.7%
Injury Prevention and Control	\$3,936,859	0.8%
Occupational Safety and Health	\$1,340,876	0.3%
Prevention and Public Health Fund/Other ACA Funds	\$20,740,572	4.0%
Preventive Health and Health Services Block Grant	\$3,201,419	0.6%
Public Health and Social Services Emergency Fund	\$845,674	0.2%
Public Health Preparedness and Emergency Response	\$37,933,496	7.3%
Vaccines For Children	\$357,708,881	68.7%
Grand Total	\$520,769,662	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$341,070
Agency for Toxic Substances and Disease Registry	\$341,070
Birth Defects and Developmental Disabilities	\$1,091,352
Child Health and Development	\$910,000
Health and Development with Disabilities	\$178,590
Public Health Approach to Blood Disorders	\$2,762
Chronic Disease Prevention and Health Promotion	\$16,332,815
Alzheimer's Disease	\$1,500
Cancer Prevention and Control	\$9,548,740
Community Health Promotion	\$8,000
Diabetes	\$882,962
Epilepsy	\$119,987

Page 179 Texas





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Heart Disease and Stroke	\$1,029,836
Nutrition, Physical Activity and Obesity	\$847,346
Oral Health	\$242,128
Prevention Research Centers	\$1,269,470
Safe Motherhood/Infant Health	\$542,319
Tobacco	\$1,840,527
Environmental Health	\$492,057
Asthma	\$422,057
Environmental Health Activities	\$70,000
Infectious Diseases	\$76,662,341
All Other Emerging and Zoonotic Infectious Diseases	\$27,687
Emerging Infectious Diseases	\$196,035
Food Safety	\$183,998
HIV/AIDS, Research and Domestic	\$38,423,719
Immunization Programs	\$19,505,723
Influenza	\$1,058,107
Prion Disease	\$46,412
Quarantine	\$142,750
Sexually Transmitted Diseases	\$7,089,988
Tuberculosis	\$9,236,592
Vector-borne Disease	\$552,000
Viral Hepatitis	\$199,330
Injury Prevention and Control	\$3,936,859
Intentional Injury	\$3,128,868
Unintentional Injury	\$807,991
Occupational Safety and Health	\$1,340,876
Occupational Safety and Health	\$1,340,876
Prevention and Public Health Fund/Other ACA Funds	\$20,740,572
Breast and Cervical Cancer Program	\$506,665
Childhood Obesity Demonstration Project	\$2,746,157
Community Transformation Grants	\$11,844,293
Epidemiology and Laboratory Capacity Program	\$481,187
Healthcare Surveillance	\$30,000
Immunization Programs	\$2,118,398
Public Health Infrastructure	\$1,300,000
Tobacco	\$1,513,926
Viral Hepatitis	\$199,946
Preventive Health and Health Services Block Grant	\$3,201,419
Public Health Service Block Grants	\$3,201,419

Page 180 Texas





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Public Health and Social Services Emergency Fund	\$845,674
Public Health and Social Services Emergency Fund	\$845,674
Public Health Leadership and Support	\$42,250
Behavioral Risk Factor Surveillance System	\$42,250
Public Health Preparedness and Emergency Response	\$37,933,496
BioSense	\$216,797
Centers for Public Health Preparedness Hospital Preparedness Program (HPP) and Public Health Emergency	\$277,746
Preparedness (PHEP)	\$37,438,953
Public Health Scientific Services	\$100,000
Surveillance, Epidemiology, and Public Health Informatics	\$100,000
Vaccines For Children	\$357,708,881
Vaccines For Children	\$357,708,881
Grand Total	\$520,769,662

# About The Data Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other

Page 181 Texas





federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

## For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 182 Texas





# **Utah**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Utah. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 2,855,287

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$217,145	0.4%
Birth Defects and Developmental Disabilities	\$2,059,360	3.7%
Chronic Disease Prevention and Health Promotion	\$9,356,395	16.9%
Cross-Cutting Public Health	\$54,140	0.1%
Environmental Health	\$421,187	0.8%
Infectious Diseases	\$6,257,043	11.3%
Injury Prevention and Control	\$1,351,098	2.4%
Occupational Safety and Health	\$1,378,243	2.5%
Prevention and Public Health Fund/Other ACA Funds	\$6,171,636	11.1%
Preventive Health and Health Services Block Grant	\$725,349	1.3%
Public Health and Social Services Emergency Fund	\$70,823	0.1%
Public Health Preparedness and Emergency Response	\$6,843,571	12.4%
Vaccines For Children	\$20,451,081	36.9%
Grand Total	\$55,357,071	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$217,145
Agency for Toxic Substances and Disease Registry	\$217,145
Birth Defects and Developmental Disabilities	\$2,059,360
Child Health and Development	\$1,864,618
Health and Development with Disabilities	\$194,742
Chronic Disease Prevention and Health Promotion	\$9,356,395
Arthritis	\$388,667
Cancer Prevention and Control	\$5,058,538
Diabetes	\$978,889
Heart Disease and Stroke	\$948,228
Nutrition, Physical Activity and Obesity	\$466,267

Page 183 Utah





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Safe Motherhood/Infant Health	\$250,542
Tobacco	\$1,265,264
Cross-Cutting Public Health	\$54,140
Behavioral Risk Factor Surveillance System	\$54,140
Environmental Health	\$421,187
Asthma	\$421,187
Infectious Diseases	\$6,257,043
All Other Emerging and Zoonotic Infectious Diseases	\$906
Emerging Infectious Diseases	\$69,138
Food Safety	\$270,309
HIV/AIDS, Research and Domestic	\$1,601,159
Immunization Programs	\$2,245,365
Influenza	\$1,076,555
Sexually Transmitted Diseases	\$437,859
Tuberculosis	\$282,776
Vector-borne Disease	\$200,000
Viral Hepatitis	\$72,976
Injury Prevention and Control	\$1,351,098
Intentional Injury	\$310,157
National Violent Death Reporting System	\$200,582
Unintentional Injury	\$840,359
Occupational Safety and Health	\$1,378,243
Occupational Safety and Health	\$1,378,243
Prevention and Public Health Fund/Other ACA Funds	\$6,171,636
Breast and Cervical Cancer Program	\$156,835
Community Transformation Grants	\$499,366
Environmental Public Health Tracking	\$1,225,000
Epidemiology and Laboratory Capacity Program	\$441,400
Healthcare Associated Infections	\$411,437
Healthcare Surveillance	\$157,617
Immunization Programs	\$2,658,371
Public Health Infrastructure	\$300,000
Tobacco	\$90,520
Viral Hepatitis	\$231,090
Preventive Health and Health Services Block Grant	\$725,349
Public Health Service Block Grants	\$725,349
Public Health and Social Services Emergency Fund	\$70,823
Public Health and Social Services Emergency Fund	\$70,823
Public Health Preparedness and Emergency Response	\$6,843,571
BioSense	\$179,141
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$6,664,430
-, , ,	<b>43,001,100</b>

Page 184 Utah





#### **CATEGORY & SUB-CATEGORY**

**OBLIGATED AMOUNT** 

Vaccines For Children

\$20,451,081 \$20,451,081

Vaccines For Children **Grand Total** 

\$55,357,071

#### About The Data

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federallypurchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

## **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/

Page 185 Utah





For all other geographies - 2012 data from the United Nations http://www.indexmundi.com/g/

# **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 186 Utah





# **Vermont**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Vermont. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 626,011

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$150,000	0.7%
Chronic Disease Prevention and Health Promotion	\$3,373,513	16.0%
Cross-Cutting Public Health	\$170,000	0.8%
Environmental Health	\$575,476	2.7%
Infectious Diseases	\$3,775,951	17.9%
Injury Prevention and Control	\$73,108	0.3%
Prevention and Public Health Fund/Other ACA Funds	\$2,827,603	13.4%
Preventive Health and Health Services Block Grant	\$203,664	1.0%
Public Health and Social Services Emergency Fund	\$33,682	0.2%
Public Health Preparedness and Emergency Response	\$4,059,802	19.2%
Vaccines For Children	\$5,867,408	27.8%
Grand Total	\$21,110,207	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$150,000
Health and Development with Disabilities	\$150,000
Chronic Disease Prevention and Health Promotion	\$3,373,513
Cancer Prevention and Control	\$1,825,278
Diabetes	\$241,164
Oral Health	\$22,775
Safe Motherhood/Infant Health	\$145,153
Tobacco	\$1,139,143
Cross-Cutting Public Health	\$170,000
Behavioral Risk Factor Surveillance System	\$170,000
Environmental Health	\$575,476
Asthma	\$326,797
Environmental Health Activities	\$248,679

Page 187 Vermont





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Infectious Diseases	\$3,775,951
All Other Emerging and Zoonotic Infectious Diseases	\$180,745
Emerging Infectious Diseases	\$44,147
Food Safety	\$15,794
HIV/AIDS, Research and Domestic	\$1,960,327
Immunization Programs	\$915,899
Influenza	\$198,021
Lyme Disease	\$30,029
Sexually Transmitted Diseases	\$146,328
Tuberculosis	\$153,000
Vector-borne Disease	\$50,000
Viral Hepatitis	\$81,661
Injury Prevention and Control	\$73,108
Intentional Injury	\$73,108
Prevention and Public Health Fund/Other ACA Funds	\$2,827,603
Community Transformation Grants	\$621,760
Environmental Public Health Tracking	\$665,730
Epidemiology and Laboratory Capacity Program	\$641,866
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$135,647
Public Health Infrastructure	\$607,600
Tobacco	\$50,000
Preventive Health and Health Services Block Grant	\$203,664
Public Health Service Block Grants	\$203,664
Public Health and Social Services Emergency Fund	\$33,682
Public Health and Social Services Emergency Fund	\$33,682
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	<b>\$4,059,802</b> \$4,059,802
Vaccines For Children	\$5,867,408
Vaccines For Children	\$5,867,408
Grand Total	\$21,110,207
	Ψ=1,110,201

# **About The Data**

# **Data Included**

The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.

Page 188 Vermont





- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

#### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

## **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:

Page 189 Vermont





- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 190 Vermont





# Virginia

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Virginia. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 8,185,867

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$366,912	0.3%
Birth Defects and Developmental Disabilities	\$476,274	0.4%
Chronic Disease Prevention and Health Promotion	\$9,857,051	8.6%
Cross-Cutting Public Health	\$1,961,028	1.7%
Environmental Health	\$646,933	0.6%
Infectious Diseases	\$22,428,655	19.5%
Injury Prevention and Control	\$2,485,524	2.2%
Occupational Safety and Health	\$449,759	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$6,011,254	5.2%
Preventive Health and Health Services Block Grant	\$1,760,160	1.5%
Public Health and Social Services Emergency Fund	\$55,590	0.0%
Public Health Preparedness and Emergency Response	\$16,300,344	14.2%
Vaccines For Children	\$52,161,350	45.3%
World Trade Center Health Program	\$149,925	0.1%
Grand Total	\$115,110,759	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$366,912
Agency for Toxic Substances and Disease Registry	\$366,912
Birth Defects and Developmental Disabilities	\$476,274
Child Health and Development	\$270,000
Health and Development with Disabilities	\$206,274
Chronic Disease Prevention and Health Promotion	\$9,857,051
All Other	\$25,000
Alzheimer's Disease	\$50,000
Cancer Prevention and Control	\$5,008,563
Community Health Promotion	\$112,400
Diabetes	\$580,222

Page 191 Virginia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Epilepsy	\$225,000
Heart Disease and Stroke	\$711,313
Interstitial Cystitis	\$35,000
Nutrition, Physical Activity and Obesity	\$7,000
Oral Health	\$178,638
Safe Motherhood/Infant Health	\$505,270
School Health	\$1,295,738
Tobacco	\$1,122,907
Cross-Cutting Public Health Strengthen and Improve the Nation's Public Health Capacity Through National Partnerships	<b>\$1,961,028</b> \$1,961,028
Environmental Health	\$646,933
All Other	\$50,000
Asthma	\$76,168
Environmental Health Activities	\$520,765
Infectious Diseases	\$22,428,655
All Other Emerging and Zoonotic Infectious Diseases	\$3,603
Emerging Infectious Diseases	\$350,843
Food Safety	\$148,806
HIV/AIDS, Research and Domestic	\$10,560,344
Immunization Programs	\$4,613,363
Influenza	\$2,639,135
Lyme Disease	\$54,764
Sexually Transmitted Diseases	\$2,485,526
Tuberculosis	\$1,305,109
Vector-borne Disease	\$100,000
Viral Hepatitis	\$167,162
Injury Prevention and Control	\$2,485,524
Intentional Injury	\$2,250,121
National Violent Death Reporting System	\$235,403
Occupational Safety and Health	\$449,759
Occupational Safety and Health	\$449,759
Prevention and Public Health Fund/Other ACA Funds	\$6,011,254
Breast and Cervical Cancer Program	\$201,990
Community Guide/Community Preventive Services Task Force	\$269,864
Community Transformation Grants	\$799,559
Environmental Public Health Tracking	\$60,000
Epidemiology and Laboratory Capacity Program	\$900,379
Healthcare Associated Infections	\$255,000
Healthcare Surveillance	\$170,660
Immunization Programs	\$1,393,082

Page 192 Virginia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Public Health Infrastructure	\$799,709
Public Health Workforce	\$397,000
Tobacco	\$596,667
Viral Hepatitis	\$167,344
Preventive Health and Health Services Block Grant	\$1,760,160
Public Health Service Block Grants	\$1,760,160
Public Health and Social Services Emergency Fund	\$55,590
Public Health and Social Services Emergency Fund	\$55,590
Public Health Preparedness and Emergency Response	\$16,300,344
All Other	\$400,000
BioSense	\$260,971
Hospital Preparedness Program (HPP) and Public Health Emergency	
Preparedness (PHEP)	\$14,939,373
Upgrading CDC Capacity	\$700,000
Vaccines For Children	\$52,161,350
Vaccines For Children	\$52,161,350
World Trade Center Health Program	\$149,925
World Trade Center	\$149,925
Grand Total	\$115,110,759

## **About The Data**

### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

Page 193 Virginia





• The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

# **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

Page 194 Virginia





# For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 195 Virginia





# Washington

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Washington. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 6,897,012

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$536,552	0.3%
Birth Defects and Developmental Disabilities	\$243,602	0.2%
Chronic Disease Prevention and Health Promotion	\$16,068,145	10.2%
Cross-Cutting Public Health	\$50,000	0.0%
Environmental Health	\$2,170,910	1.4%
Infectious Diseases	\$18,605,710	11.8%
Injury Prevention and Control	\$1,706,875	1.1%
Occupational Safety and Health	\$1,298,555	0.8%
Prevention and Public Health Fund/Other ACA Funds	\$18,326,266	11.6%
Preventive Health and Health Services Block Grant	\$795,955	0.5%
Public Health and Social Services Emergency Fund	\$867,427	0.5%
Public Health Preparedness and Emergency Response	\$13,150,991	8.3%
Vaccines For Children	\$84,315,473	53.3%
Grand Total	\$158,136,461	100.0%

#### **CATEGORY & SUB-CATEGORY OBLIGATED AMOUNT Agency for Toxic Substances and Disease Registry** \$536,552 Agency for Toxic Substances and Disease Registry \$536,552 **Birth Defects and Developmental Disabilities** \$243,602 Health and Development with Disabilities \$243,602 **Chronic Disease Prevention and Health Promotion** \$16,068,145 Alzheimer's Disease \$288,125 Cancer Prevention and Control \$9,600,765 **Diabetes** \$1,703,322 **Epilepsy** \$120,000 Heart Disease and Stroke \$1,195,070

Page 196 Washington





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Nutrition, Physical Activity and Obesity	\$69,999
Prevention Research Centers	\$827,145
Safe Motherhood/Infant Health	\$470,464
School Health	\$382,413
Tobacco	\$1,410,842
Cross-Cutting Public Health	\$50,000
Behavioral Risk Factor Surveillance System	\$50,000
Environmental Health	\$2,170,910
All Other	\$180,000
Asthma	\$503,441
Environmental Health Activities	\$139,956
Environmental Health Laboratory	\$1,347,513
Infectious Diseases	\$18,605,710
All Other Emerging and Zoonotic Infectious Diseases	\$18,505
Emerging Infectious Diseases	\$92,451
Food Safety	\$171,413
HIV/AIDS, Research and Domestic	\$8,026,862
Immunization Programs	\$4,580,825
Influenza	\$479,677
Prion Disease	\$43,347
Sexually Transmitted Diseases	\$3,389,675
Tuberculosis	\$1,442,293
Vector-borne Disease	\$100,000
Viral Hepatitis	\$260,662
Injury Prevention and Control	\$1,706,875
Intentional Injury	\$749,761
Unintentional Injury	\$957,114
Occupational Safety and Health	\$1,298,555
Occupational Safety and Health	\$1,298,555
Prevention and Public Health Fund/Other ACA Funds	\$18,326,266
Breast and Cervical Cancer Program	\$309,632
Community Transformation Grants	\$9,308,595
Comprehensive Chronic Disease Prevention	\$991,490
Environmental Public Health Tracking	\$1,099,121
Epidemiology and Laboratory Capacity Program	\$709,840
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$126,500
Hospitals Promoting Breastfeeding	\$600,000
Immunization Programs	\$3,916,832

Page 197 Washington





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Public Health Infrastructure	\$400,000
Tobacco	\$409,256
Viral Hepatitis	\$350,000
Preventive Health and Health Services Block Grant	\$795,955
Public Health Service Block Grants	\$795,955
Public Health and Social Services Emergency Fund	\$867,427
Public Health and Social Services Emergency Fund	\$867,427
Public Health Preparedness and Emergency Response	\$13,150,991
BioSense	\$209,434
Centers for Public Health Preparedness  Hospital Preparedness Program (HPP) and Public Health Emergency	\$709,796
Preparedness (PHEP)	\$12,231,761
Vaccines For Children	\$84,315,473
Vaccines For Children	\$84,315,473
Grand Total	\$158,136,461

#### **About The Data**

# **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

### **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other

Page 198 Washington





federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

#### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official business or billing address such as a State capitol for a State government award. The awards therefore will not reflect the actual geographic application of the funds by the grantee in carrying out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

## For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office <a href="http://www.cdc.gov/fmo/">http://www.cdc.gov/fmo/</a>
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a>
   or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 199 Washington





# **West Virginia**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in West Virginia. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 1,855,413

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Chronic Disease Prevention and Health Promotion	\$9,509,466	20.4%
Cross-Cutting Public Health	\$58,950	0.1%
Environmental Health	\$397,000	0.9%
Infectious Diseases	\$4,677,983	10.1%
Injury Prevention and Control	\$1,053,664	2.3%
Occupational Safety and Health	\$359,335	0.8%
Prevention and Public Health Fund/Other ACA Funds	\$4,386,332	9.4%
Preventive Health and Health Services Block Grant	\$665,282	1.4%
Public Health and Social Services Emergency Fund	\$31,948	0.1%
Public Health Preparedness and Emergency Response	\$5,433,358	11.7%
Vaccines For Children	\$19,934,750	42.9%
Grand Total	\$46,508,068	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Chronic Disease Prevention and Health Promotion	\$9,509,466
Cancer Prevention and Control	\$5,544,555
Diabetes	\$1,102,518
Heart Disease and Stroke	\$570,601
Nutrition, Physical Activity and Obesity	\$556,124
Prevention Research Centers	\$75,000
Safe Motherhood/Infant Health	\$120,780
School Health	\$368,941
Tobacco	\$1,170,947
Cross-Cutting Public Health	\$58,950
Behavioral Risk Factor Surveillance System	\$58,950
Environmental Health	\$397,000
Asthma	\$397,000

Page 200 West Virginia





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Infectious Diseases	\$4,677,983
All Other Emerging and Zoonotic Infectious Diseases	\$1,139
Emerging Infectious Diseases	\$47,806
Food Safety	\$63,152
HIV/AIDS, Research and Domestic	\$1,655,403
Immunization Programs	\$1,510,010
Influenza	\$266,263
Sexually Transmitted Diseases	\$656,304
Tuberculosis	\$319,769
Vector-borne Disease	\$100,000
Viral Hepatitis	\$58,137
Injury Prevention and Control	\$1,053,664
Injury Control Research Centers	\$836,520
Intentional Injury	\$217,144
Occupational Safety and Health	\$359,335
Occupational Safety and Health	\$359,335
Prevention and Public Health Fund/Other ACA Funds	\$4,386,332
Breast and Cervical Cancer Program	\$234,023
Community Transformation Grants	\$2,261,399
Epidemiology and Laboratory Capacity Program	\$152,423
Healthcare Associated Infections	\$105,000
Healthcare Surveillance	\$128,228
Immunization Programs	\$26,896
Prevention Research Centers	\$615,000
Public Health Infrastructure	\$657,600
Tobacco	\$205,763
Preventive Health and Health Services Block Grant	\$665,282
Public Health Service Block Grants	\$665,282
Public Health and Social Services Emergency Fund	\$31,948
Public Health and Social Services Emergency Fund	\$31,948
Public Health Preparedness and Emergency Response	\$5,433,358
BioSense	\$142,907
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP)	\$5,290,451
Vaccines For Children	\$19,934,750
Vaccines For Children	\$19,934,750
Grand Total	\$46,508,068

Page 201 West Virginia





#### **About The Data**

#### **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

## **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

## **Data Interpretation and Use**

Page 202 West Virginia





- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

#### For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 203 West Virginia





# **Wisconsin**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Wisconsin. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 5,726,398

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Agency for Toxic Substances and Disease Registry	\$591,383	0.7%
Birth Defects and Developmental Disabilities	\$1,146,720	1.3%
Chronic Disease Prevention and Health Promotion	\$8,268,075	9.1%
Cross-Cutting Public Health	\$231,500	0.3%
Environmental Health	\$818,705	0.9%
Infectious Diseases	\$10,777,390	11.9%
Injury Prevention and Control	\$1,201,705	1.3%
Occupational Safety and Health	\$538,020	0.6%
Prevention and Public Health Fund/Other ACA Funds	\$11,576,325	12.8%
Preventive Health and Health Services Block Grant	\$1,466,116	1.6%
Public Health and Social Services Emergency Fund	\$1,141,676	1.3%
Public Health Preparedness and Emergency Response	\$11,613,465	12.8%
Vaccines For Children	\$41,279,074	45.5%
Grand Total	\$90,650,154	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Agency for Toxic Substances and Disease Registry	\$591,383
Agency for Toxic Substances and Disease Registry	\$591,383
Birth Defects and Developmental Disabilities	\$1,146,720
Child Health and Development	\$906,821
Health and Development with Disabilities	\$239,899
Chronic Disease Prevention and Health Promotion	\$8,268,075
Cancer Prevention and Control	\$4,716,394
Diabetes	\$875,001
Heart Disease and Stroke	\$641,373

Page 204 Wisconsin





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Nutrition, Physical Activity and Obesity	\$50,199
Oral Health	\$152,973
Prevention Research Centers	\$17,738
Safe Motherhood/Infant Health	\$192,225
School Health	\$382,431
Tobacco	\$1,239,741
Cross-Cutting Public Health	\$231,500
Behavioral Risk Factor Surveillance System	\$231,500
Environmental Health	\$818,705
Asthma	\$473,715
Environmental Health Activities	\$344,990
Infectious Diseases	\$10,777,390
All Other Emerging and Zoonotic Infectious Diseases	\$31,657
Emerging Infectious Diseases	\$158,387
Food Safety	\$242,810
HIV/AIDS, Research and Domestic	\$4,085,930
Immunization Programs	\$4,145,440
Influenza	\$438,897
Lyme Disease	\$34,700
Prion Disease	\$37,394
Sexually Transmitted Diseases	\$936,061
Tuberculosis	\$457,418
Vector-borne Disease	\$100,000
Viral Hepatitis	\$108,696
Injury Prevention and Control	\$1,201,705
Intentional Injury	\$989,580
National Violent Death Reporting System	\$212,125
Occupational Safety and Health	\$538,020
Occupational Safety and Health	\$538,020
Prevention and Public Health Fund/Other ACA Funds	\$11,576,325
Breast and Cervical Cancer Program	\$216,292
Community Transformation Grants	\$5,195,235
Comprehensive Chronic Disease Prevention	\$835,456
Environmental Public Health Tracking	\$1,100,000
Epidemiology and Laboratory Capacity Program	\$1,293,923
Healthcare Associated Infections	\$143,271
Healthcare Surveillance	\$110,000
Immunization Programs	\$1,054,490
Public Health Infrastructure	\$993,662

Page 205 Wisconsin





CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Tobacco	\$433,996
Viral Hepatitis	\$200,000
Preventive Health and Health Services Block Grant	\$1,466,116
Public Health Service Block Grants	\$1,466,116
Public Health and Social Services Emergency Fund	\$1,141,676
Public Health and Social Services Emergency Fund	\$1,141,676
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$11,613,465
Preparedness (PHEP)	\$11,613,465
Vaccines For Children	\$41,279,074
Vaccines For Children	\$41,279,074
Grand Total	\$90,650,154

# About The Data Data Included

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 99 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

## **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund

Page 206 Wisconsin





transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Global Health funds, Business Services Support funds and Buildings and Facilities funds.

Therefore, this data does not reflect CDC's total appropriations in any given area.

#### **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at http://www.census.gov/popest/data/state/totals/2012/
- For all other geographies 2012 data from the United Nations <a href="http://www.indexmundi.com/g/">http://www.indexmundi.com/g/</a>

### **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.
- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. In addition, funding categories may be added or deleted as CDC's budget changes year to year (e.g., funding categories are deleted because their shorter-term funding sources expire). This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

# For More Information

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office <a href="http://www.cdc.gov/about/business/funding.htm">http://www.cdc.gov/about/business/funding.htm</a> or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348

Page 207 Wisconsin





# **Wyoming**

This profile includes selected CDC grants and cooperative agreements provided to health departments, universities, and other public and private agencies in Wyoming. Refer to the "About the Data" section below for important qualifying statements about the data.

**2012 Population Estimate:** 576,412

**Timeframe:** 10/1/11 - 9/30/12

CATEGORY	OBLIGATED AMOUNT	PERCENTAGE
Birth Defects and Developmental Disabilities	\$141,924	0.9%
Chronic Disease Prevention and Health Promotion	\$2,487,994	15.9%
Cross-Cutting Public Health	\$175,000	1.1%
Infectious Diseases	\$3,224,327	20.5%
Injury Prevention and Control	\$59,293	0.4%
Prevention and Public Health Fund/Other ACA Funds	\$694,124	4.4%
Preventive Health and Health Services Block Grant	\$170,753	1.1%
Public Health and Social Services Emergency Fund	\$45,035	0.3%
Public Health Preparedness and Emergency Response	\$4,064,476	25.9%
Vaccines For Children	\$4,633,070	29.5%
Grand Total	\$15,695,996	100.0%

CATEGORY & SUB-CATEGORY	OBLIGATED AMOUNT
Birth Defects and Developmental Disabilities	\$141,924
Health and Development with Disabilities	\$141,924
Chronic Disease Prevention and Health Promotion	\$2,487,994
Cancer Prevention and Control	\$1,393,176
Diabetes	\$216,072
Safe Motherhood/Infant Health	\$120,542
Tobacco	\$758,204
Cross-Cutting Public Health	\$175,000
Behavioral Risk Factor Surveillance System	\$175,000
Infectious Diseases	\$3,224,327
All Other Emerging and Zoonotic Infectious Diseases	\$762
Emerging Infectious Diseases	\$58,323

Page 208 Wyoming





CATEGORY & SUB-CATEGORY	<b>OBLIGATED AMOUNT</b>
Food Safety	\$103,645
HIV/AIDS, Research and Domestic	\$1,100,707
Immunization Programs	\$1,140,274
Influenza	\$194,230
Sexually Transmitted Diseases	\$215,589
Tuberculosis	\$193,264
Vector-borne Disease	\$130,036
Viral Hepatitis	\$87,497
Injury Prevention and Control	\$59,293
Intentional Injury	\$59,293
Prevention and Public Health Fund/Other ACA Funds	\$694,124
Epidemiology and Laboratory Capacity Program	\$396,710
Healthcare Associated Infections	\$47,414
Public Health Infrastructure	\$250,000
Preventive Health and Health Services Block Grant	\$170,753
Public Health Service Block Grants	\$170,753
Public Health and Social Services Emergency Fund	\$45,035
Public Health and Social Services Emergency Fund	\$45,035
Public Health Preparedness and Emergency Response Hospital Preparedness Program (HPP) and Public Health Emergency	\$4,064,476
Preparedness (PHEP)	\$4,064,476
Vaccines For Children	\$4,633,070
Vaccines For Children	\$4,633,070
Grand Total	\$15,695,996

## **About The Data**

# **Data Included**

- The grants and cooperative agreements data in this report include actions awarded (i.e., obligated funds) domestically in fiscal year 2012 (10/1/11 to 9/30/12) from CDC's annual appropriation and Prevention and Public Health Fund (PPHF)/Other ACA Funds. However, adjustments have been included through 10/15/12, when source data were finalized for use in FY2012 Grants Funding Profiles.
- The total funding in each category or subcategory is the total amount of funding provided by any CDC program investing in that area. For example, the total funding in the "Injury Prevention and Control" category includes funding provided not only by CDC's National Center for Injury Prevention and Control but by other CDC programs as well.
- Because the data includes funds obligated in 2012, it includes funding authorized through legislation passed in previous years, but only the amount actually obligated in FY2012.
- The primary purpose of the Vaccines for Children (VFC) program is to provide vaccines to eligible children. Thus, the VFC totals for each state and territory funded include the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.

Page 209 Wyoming





- The Section 317 program provides immunization infrastructure/operations grants and federally-purchased vaccines to 64 grantees, including all 50 states and territories. The Section 317 totals for each state and territory include the immunization infrastructure/operations grants, but not the value of the federally-purchased vaccines distributed to each grantee's VFC-participating healthcare providers.
- The PPHF/Other ACA category includes all grants and cooperative agreements from any CDC source, even if they fall into the data exclusions below.

## **Data Excluded**

- This data does not include any CDC expenditures, above such as contracts, personnel, direct assistance, or other CDC operational and administrative costs, other than those noted above.
- The following grants and cooperative agreements data were outside the scope of this profile and were excluded: funding of International activities, Reimbursable Agreements (funds from other federal agencies to support their missions), Cooperative Research and Development Agreements, Royalties, User Fees and Intra-Departmental Delegation of Authority funds (fund transfers to CDC from DHHS), PEPFAR (President's Emergency Plan for AIDS Relief), Gifts and Donations, Public Health Scientific Services (except Behavioral Risk Factor Surveillance System) funds, Global Health funds, Business Services Support funds, Buildings and Facilities funds, Public Health Improvement and Leadership funds, Public Health Workforce/Workforce Development funds (except for ACA), World Trade Center funds, Public Health Preparedness SBIR and PHS Evaluation Set-Aside funds and Public Health Service funds.
- Therefore, this data does not reflect CDC's total appropriations in any given area.

# **Data Sources**

- Funding Data CDC Procurement and Grants Office (for grants and cooperative agreement data) and the CDC National Center for Immunization and Respiratory Diseases (for Vaccines For Children data)
- United States, the District of Columbia and Puerto Rico the 2010 U.S. Census, updated with 2012 estimates at <a href="http://www.census.gov/popest/data/state/totals/2012/">http://www.census.gov/popest/data/state/totals/2012/</a>
- For all other geographies 2012 data from the United Nations http://www.indexmundi.com/g/

## **Data Interpretation and Use**

- These data are useful as a snapshot of CDC grant and cooperative agreement funding provided to states and territories under specific categories. However, caution should be used in interpreting these variations. Several of the reasons for variations are (1) not all eligible states or territories apply for every program opportunity, (2) most federal funding is awarded via a competitive or merit-based process and not all states or territories that apply are funded for every program, and (3) some funding is allocated according to a pre-set formula (such as per capita allocation or a need-based funding allocation), which is sometimes specified in law.
- Users of this site and data should be aware of various factors that make comparisons of data between jurisdictions and by per capita difficult to interpret and may lead to inaccurate conclusions in the absence of more in-depth study. Some of those factors include the following:
- CDC has many different grant types with differing application eligibility and award criteria such as
  population disease burden, per capita formula-based, competitive based on proposal merit, noncompetitive, etc.
- Awards made to an entity will typically reflect the geographic location of the entity's official
  business or billing address such as a State capitol for a State government award. The awards
  therefore will not reflect the actual geographic application of the funds by the grantee in carrying
  out the purpose of the grant.

Page 210 Wyoming





- CDC makes awards to various national associations that carry out national public health programs that have nationwide impact; however, the awards will be reflected in the geographic jurisdiction of the association's main office.
- In addition, there may be variation across years for where a program/activity resides in CDC's organizational and budget structure. Funding sources linked to a particular program/activity may also vary year-to-year. Therefore, it is possible for a multi-year project to fall into one category or sub-category one year and into another the next. This makes 1:1 comparisons of one year's set of projects to another year's set of projects under each category or sub-category a challenge.

# **For More Information**

More CDC budget and grantee information can be found on the following sites:

- CDC Financial Management Office http://www.cdc.gov/fmo/
- CDC Procurement and Grants Office http://www.cdc.gov/about/business/funding.htm
- Or call 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day e-mail cdcinfo@cdc.gov

Page 211 Wyoming